

# CHFS TRAINING ENROLLMENT APPLICATION - 2012

## **Personal Information** (please print clearly and neatly)

Name \_\_\_\_\_  
*First Last Middle*

Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

Street Address \_\_\_\_\_ Unit/Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Is the above address also your billing address?  yes  no (If no, please complete the next section)

Billing Name \_\_\_\_\_  
*First Last Middle*

Billing Street Address \_\_\_\_\_ Unit/Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Please give a brief history of your educational background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Contact /Payment Information**

Phone Numbers: \_\_\_\_\_  
*Home Cell Work*

Primary E-mail Address: \_\_\_\_\_

Credit Card type (Visa/MC, Disc or Amex): \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \*Card ID #: \_\_\_\_\_

\*Card ID # prevents fraud. Visa, MC & Discover - 3 digits on back of card. Amex - 4 digits on front of card.

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Which CHFS training would you like to attend? \_\_\_\_\_

Were you referred to the CHFS Training by one of our affiliates or graduates? List their name(s) here:

\_\_\_\_\_  
*First Last*

Please fax this completed form to (480) 393-5410, e-mail it to  
[CHFS@immunitrition.com](mailto:CHFS@immunitrition.com), or snail mail to:

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