

# Pacific School of Herbal Medicine

## Class Registration

**Mail Registration to:**

P.O. Box 3151  
Oakland California, 94609

Phone: 510-845-4028

Website: [www.pshm.org](http://www.pshm.org)

To register for a class, please return one form per student along with a deposit of a third the amount for each class. Please see the registration page on the [www.pshm.org/registration.shtml](http://www.pshm.org/registration.shtml) for school policies regarding registration. Thank you.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Classes I Plan to Attend**

Please list the full name of the class, the day and time that it meets, and the exact amount you would like to pay for the class.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Do you have any comments or questions?**

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