

North Eastern Institute of Whole Health

Continuing Education Copy of Certificate Request

Fill out, print and mail with your check

In order to serve you better, please fill out the information requested bellow.
All fields are required.

Last Name (*used when attending the workshop*) _____

First Name _____

Last Name (*used now*) _____

Address: _____ City _____ State _____ Zip _____

Address where the copy (is) of the certificate(s) must be mailed:

Please mail me Cont. Ed. Certificate copy (is) for the following workshop(s):

Workshop 1: _____ Date of the workshop: _____

Workshop 2: _____ Date of the workshop: _____

Workshop 3: _____ Date of the workshop: _____

I request (*please put the total number of the copies you wish to receive*): _____

Please make your check to:
North Eastern Institute of Whole Health (or NEIWH)

I include here my check # _____ amount \$ _____ date _____

Cost information:

Workshops attended up to seven years from the date of attendance: **\$15** charge for each copy.

Workshops attended beyond seven years from the date of attendance will be charged a \$10 search fee in addition to the **\$25** charge per certificate copy (this fee covers archive retrieval, preparation and mailing costs).

All charges must be paid before your request will be processed.

Preparation and mailing of the copy(s) may take up to 14 days to process.

You may ask for the copy to be sent to your address by First-Class Mail or you may pick up the transcript at school location, during business hours

Mail your application with your check to:
North Eastern Institute of Whole Health
22 Bridge Street, Manchester, NH, 03101

For office use only

Paid by: check # _____ **Visa/Master** _____

Amount paid: \$ _____

Date received _____

Received and recorded by _____