



SUNRISRE UNIVERSITY
Registration Form

Please print out this form and fax it with your credit card information, or simply mail it with a check to the address below. Registration confirmation letters will be sent 30 days prior to the day of the course with course materials and location directions.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Highest Level of Education: _____

PROGRAM DEGREE IN ENVIRONMENTAL INTEGRATIVE HEALTH:

SELECT PROGRAM TRACK

Natural Science (BS)

Music Therapy (BS)

Human Movement Science (BS)

Environmental Science (BS)

Environmental Science (MS)

Total PAYMENT AMOUNT

\$ _____

SELECT PAYMENT METHOD

Check VISA Mastercard American Express

Credit Card #: _____

Expiration Date: __/__/__

Authorized Signature: _____

Please note: class sizes are limited and there are no cash refunds once registered. However, a credit can be transferred for future equivalent course may be issued if notification is given at least 30 days prior to the day of the course.

SUNRISE UNIVERSITY
14 Tindall Road
Middletown, New Jersey 07748
Phone: 732-639-5123
Fax: 732-639-5115

E-mail: info@atlantiscenters.com