

**EDEN ENERGY MEDICINE FOUNDATIONS PROGRAM
2011 - 2012 FLORIDA REGIONAL EDUCATION PROGRAM
CLASSES 1-4: YEAR ONE**

REGISTRATION PROCEDURES

1. Please download and print the registration form and **mail your signed copy along with \$1,295 (\$300 non-refundable deposit plus \$995 Class #1 tuition) to:**

**Well Within Natural Medicine, Inc.
235 - 31st Street North
St. Petersburg, FL 33713**

We will process it and notify you via email that you are officially registered. Payment may be made via check, Visa or Mastercard.

2. Schedule your hotel room directly with the hotel:

Dolphin Beach Resort
4900 Gulf Boulevard
St. Pete Beach, Florida 33707
Phone: (727) 360-7011
Website: www.dolphinbeach.com

Lodging: We have arranged a block of rooms at the Dolphin Beach Resort at very good rates. It is very important to let them know you are attending the Energy Medicine Certification Program and provide them with a group code for all schedule nights. We encourage you to schedule your room in advance as this hotel is on the beach and fills quickly. There is only a certain amount of rooms that will be held for this event so we encourage you to call and make your reservation soon for all four classes. You will pay the hotel directly for lodging. If for any reason you have difficulty scheduling a room with the hotel or if there isn't availability, please contact Pauline Macdonald at 727-522-6515.

For Reservations: Students can call the Dolphin Beach Resort Reservations Department at (727) 360-7011 and ask for the Energy Medicine Certification Program Block listed under the following group codes:

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May Class: G/EMCP/0511

August Class: G/EMCP/0811

November Class: G/EMCP/1111

February Class: G/EMCP/0212

	<u>Single</u>	<u>Shared Room</u>
Standard rooms	\$89.00	\$44.50
Pool View rooms	\$109.00	\$54.50
Gulf//Water front rooms	\$149.00	\$74.50

Please note room fees do not include 12% tax. The Dolphin Beach Resort can answer any specific questions you may have. **There is FREE Parking and NO Resort Fees!**

All rooms have two double or queen beds, mini refrigerator, microwave & coffee maker. FREE wireless internet service is available only in the lobby and conference rooms. Some poolside and all Gulf-front (water view) rooms have private balconies or patios. Room reservations must be made at least 30-days prior to each arrival date. For information on additional amenities please visit www.dolphinbeach.com Guests will be required to leave a credit card with the hotel to confirm all reservations. Room Cancellations are accepted up to 72-hours prior to arrival, a one night's room charge penalty will be assessed for those not cancelled and/or no show.

Room Sharing: If you have someone to room with, please write that person's name in the space provided on the registration form. If you do not have a roommate and would like one, we will put your name in the divine lottery and pair you up if there is another person interested in sharing a room.

3. Pay your full tuition 30 days before each class.

Questions or Need More Information: Contact Pauline Macdonald, Chief Operating Officer of Well Within Natural Medicine, Inc., at 727-522-6515 or via email at Pauline@wellwithin.net

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**Well Within Natural Medicine, Inc.
235 31st Street North
St. Petersburg, FL 33713
melanie@wellwithin.net
www.wellwithin.net
(727) 522-6515**

**THE 2011 EDEN ENERGY MEDICINE FOUNDATIONS PROGRAM
FLORIDA REGIONAL EDUCATION PROGRAM - YEAR ONE
DOLPHIN BEACH RESORT**

To Register please complete the form below and mail with \$300.00 non-refundable deposit to: Well Within Natural Medicine, Inc., 235 31st Street North, St. Petersburg, FL 33713.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

EEMCP TRACK OPTIONS (Please select one track)

- Eden Energy Medicine Foundations Program
- Audit Track (for EEMCP graduates or students returning to the program)

PREREQUISITE -- ____ (please initial)

I have completed the prerequisite Book and DVD requirements:

Energy Medicine book (2008), *5-Day Energy Medicine DVD* and online test (to be completed by January, 2012), *Energies of Love DVD*, *Energy Medicine Ethics Handbook* (available 2011).

MEALS -- _____ (Please initial)

I understand that I am responsible for purchasing my own meals. Lunch and dinners will be 1.5 hours long allowing ample time for students to eat at a variety of locations nearby.

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LODGING

_____ (*Please initial*) I understand that I am responsible for making my own hotel room reservation for each class and that blocked rooms and rates are based on availability and that it will be my responsibility to find accommodations if the Dolphin Resort is full. Due to our commitment with The Dolphin Resort room reservations must be secure at least one month in advance. **If The Dolphin Beach is full, call Pauline Macdonald at Well Within (727-522-6515) for assistance prior to contacting another facility.**

Room Sharing Options

I plan to share a room with _____
(students name with whom you are sharing a room with)

I would like to be placed in the "divine lottery" to share a room with another student.

_____ (*Please initial*) In sharing a room, I understand that it is my responsibility to work out the financial and other lodging arrangements with my roommate. I also understand that if my roommate cancels, I am responsible for all room charges. (We will make every attempt to find you another roommate if this were to occur.)

**Well Within Natural Medicine, Inc.
Withdrawal Policy**

Students who withdraw from the program up to 60-days prior to the start of Class 1 (in May of 2011) will receive a tuition refund, less the \$300.00 non-refundable deposit. Due to commitments we have to make well in advance to the hotel and others in planning events, no refunds can be made for withdrawals received less than 60-days of the class start date. It is the students' responsibility to make up any work and instruction they miss. See Missed Classes Policy below.

Withdrawals must be received in writing or by e-mail to melanie@wellwithin.net and will be promptly acknowledged once received. (* In the case of emergencies (death or injury) or catastrophic (natural or accidental) events, decisions will be made on a case-by-case basis for these instances.)

For classes 2-4, if you withdraw from the program within 30-days before the start of that class, you will receive a 50% refund on any monies you have paid toward that particular class minus a \$300 non-refundable deposit. **If you miss a class, but intend on completing the one-year program, you are still responsible for the full tuition for the class missed.** Your tuition will still give you access to handouts, tests and continued participation in the Florida Regional Eden Energy Medicine Foundations Program. You will also be responsible for paying for topic DVD's and any additional supervision time to complete a missed class. (see Missed Classes Policy below).

I have read, understand and agree to the Withdrawal Policy, _____.
(student signature)

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Missed Classes Policy

It is the students' responsibility to make up any work and instruction they miss. If they fail to attend **any** of the four classes in this program or consistently arrive late for class, you are required to purchase the Florida REP DVD set (7 DVD's – raw footage from 2009 Florida REP class) for \$200 plus shipping per class plus pay full class tuition in order to continue with the program. Every effort will be made to work with the student, including offering private tutorials and supervision for an additional fee. Student will be required to meet the written and demo due dates unless special arrangements have been made with Melanie Smith.

I have read, understand and agree to the Missed Class Policy, _____.
(student signature)

Well Within Natural Medicine, Inc. Release Agreement

I understand that Eden Energy Medicine is an innovative approach to health care, which is only beginning to be investigated scientifically. I further understand that the training in Eden Energy Medicine and other services I am or may be receiving from Well Within Natural Medicine, Inc./Melanie A. Smith/Innersource, do not substitute for diagnosis and/or treatment from a qualified health practitioner for illnesses, injuries, or other medical conditions. I also understand that I am responsible for my own physical health and acknowledge I am able to participate in energy medicine practices.

I understand that some classes are videotaped, that these tapes may be distributed for educational purposes, and I give my permission for my participation to appear on these tapes.

Well Within Natural Medicine, Inc., and Innersource, Inc., reserves the right, at its discretion and without explanation, to ask a student to leave an Eden Energy Medicine Foundations Program class, to terminate a student from the EEM Foundations Program, or to not graduate a student from the EEM Certification Program based on failure to meet the academic, behavioral, professional, or ethical standards of the program as determined by Well Within Natural Medicine, Inc., staff or Innersource, Inc., staff. Any refunds will be fairly determined, again at the discretion of Well Within Natural Medicine, Inc. staff, on a case-by-case basis.

I also understand that any activity in which a person might participate involves some risk. In consideration of being permitted to enroll for the instructional and other services offered through Well Within Natural Medicine, Inc. and/or Innersource, Inc. I release and hold Well Within Natural Medicine, Inc., and/or Innersource, Inc., its agents, officers, employees, directors, successors, and affiliated corporations harmless from any claims arising out of my participation in the instructional or other services offered by Well Within Natural Medicine, Inc., and/or Innersource, Inc. or the use of facilities and/or equipment it provides. I have read, understand and agree to this Release Agreement:

(Date)

(student signature)

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TUITION AND PAYMENT

The tuition is \$995 per class per student. All tuition payments must be paid prior to each class according to schedule below. A **\$300 non-refundable deposit** is required to hold your place in the Year 1 Florida REP – your \$300 deposit will apply to Class #4. The \$300 must be paid directly to Well Within Natural Medicine, Inc. prior to attending Florida REP Class #1 or entering the Florida REP program following any EEMCP Phoenix class, in addition to the class tuition. The tuition covers all of the class materials, handouts, conference space, teaching staff, small group supervision, written test with review, and one-hour live or Skype demonstration of skills.

PAYMENT: Please Check classes or deposit you are paying for:

- | | |
|--|----------|
| <input type="checkbox"/> Non-Refundable Deposit for the Florida Regional EEMCP
(Due at time of registration and is applied to Class #4 Tuition) | \$300.00 |
| <input type="checkbox"/> Quarterly Payment for Class #1 (due 30 days prior to class #1) | \$995.00 |
| <input type="checkbox"/> Quarterly Payment for Class #2 (due 30 days prior to class #2) | \$995.00 |
| <input type="checkbox"/> Quarterly Payment for Class #3 (due 30 days prior to class #3) | \$995.00 |
| <input type="checkbox"/> Quarterly Payment for Class #4 (due 30 days prior to class #4) | \$695.00 |

TOTAL TUITION for Year 1 (excludes meals, hotel room and travel) \$3,980.00

AUDIT TRACK – Must be an EEMCP Graduate or a student returning to review class material. Payment per class (includes discounted tuition and current handouts). Does not include post class supervision or mentoring. Supervision and/or Mentoring can be arranged separately with Melanie Smith.

- | | |
|---|----------|
| <input type="checkbox"/> Quarterly Payment for Class #1 (due 30 days prior to class #1) | \$500.00 |
| <input type="checkbox"/> Quarterly Payment for Class #2 (due 30 days prior to class #2) | \$500.00 |
| <input type="checkbox"/> Quarterly Payment for Class #3 (due 30 days prior to class #3) | \$500.00 |
| <input type="checkbox"/> Quarterly Payment for Class #4 (due 30 days prior to class #4) | \$500.00 |

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Billing Information: (please complete and use your billing address for this section)

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Payment Options: please choose one

- Check:** I have enclosed a check to Well Within for the amount of \$_____
- Cash:** I have directly delivered cash to your office for the amount of \$_____
- Credit Card:** I authorize Well Within Natural Medicine, Inc. to bill my credit card for the amount of \$_____.

Visa____ MC____ Expiration____ 3-Digit Code (on back of card) _____

Credit Card#

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- Credit Card:** I authorize Well Within Natural Medicine, Inc. to bill my credit card 30-days prior to the remaining 4 classes _____, **(Please initial)**.

Signature: _____ Date: _____

By my signature I authorize Well Within Natural Medicine, Inc., to charge my credit card for the above stated amount.