



**REGISTRATION FOR EDEN ENERGY MEDICINE CERTIFICATION PROGRAM  
2011 MASSACHUSETTS REGIONAL EDUCATION PROGRAM  
YEAR ONE**

4 Classes (96 hours) between April 2011 and February 2012

**REGISTRATION PROCEDURES**

1. Please download and print the registration form and mail your signed copy, plus the signed Withdrawal Policy, Missed Classes Policy and the Release Agreement documents, along with a non-refundable deposit of \$300.00 to:

Stone Health Center, Inc.  
42 Main Street  
Southborough, MA 01772

We will process it and notify you via email that you are officially registered. Payment may be made via check, Visa or Mastercard. The first Tuition payment for Class 1 is due on March 1, 2011. Tuition payments for Classes 2-4 must be made in full 30 days prior to the start of each class.

2. Classes will be held at the home of:

Susan Stone  
10 South Mill Street  
Hopkinton, MA 01748  
Phone: (508) 497-8888  
Website: [www.stonehealthcenter.com](http://www.stonehealthcenter.com)

**Lodging:** Contact Susan Stone: [stonehealthcenter@mac.com](mailto:stonehealthcenter@mac.com).

If you will be needing lodging, there are several local Eden Energy Medicine practitioners who are willing to offer a room in their homes for the weekend classes. I will put you in contact with them, but it is your responsibility to make the arrangements.

**Dates of Classes:**

- Class 1: May 19, 2011 - May 22, 2011
- Class 2: July 21, 2011 - July 24, 2011
- Class 3: November 3, 2011 - November 6, 2011
- Class 4: February 2, 2012 - February 5, 2012

Stone Health Center, Inc.  
42 Main Street  
Southborough, MA 01772  
[stonehealthcenter@mac.com](mailto:stonehealthcenter@mac.com)  
[www.stonehealthcenter.com](http://www.stonehealthcenter.com)  
(508) 480-9618



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To Register please complete the form below and mail with \$300.00 non-refundable deposit to:  
Stone Health Center, Inc., 42 Main Street, Southborough, MA 01772.

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

Mailing Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**EEMCP TRACK OPTIONS** (Please select one track)

- Eden Energy Medicine Wellness Track
- Eden Energy Medicine Professional Track
- Audit Track

PREREQUISITE -- \_\_\_\_\_ (please initial)

I have completed the prerequisite requirements.

Please download the Class Overview document for details.

Please explain how you have met or will meet the prerequisite and when:

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**Stone Health Center Withdrawal Policy**

Students who withdraw from the program up to 15-days prior to the start of Class 1 (in April of 2011) will receive a full refund, less the \$300.00 non-refundable deposit. 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 [stonehealthcenter@mac.com](mailto:stonehealthcenter@mac.com) 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 15-days before the start of that class, you will receive a 50% refund on any monies you have paid toward that particular class minus the \$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 Massachusetts Regional Eden Energy Medicine Certification Program. You will also be responsible for paying for 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)

**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 corresponding DVD set for \$75 plus pay full tuition. 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 Susan Stone.

I have read, understand and agree to the Missed Class Policy,

\_\_\_\_\_  
(student signature)



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**Stone Health Center 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 Stone Health Center, Inc./Susan Stone/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.

Stone Health Center, Inc., and Innersource, Inc., reserves the right, at its discretion and without explanation, to ask a student to leave an Eden Energy Medicine Certification Program class, to terminate a student from the EEM Certification 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 Stone Health Center, Inc., staff or Innersource, Inc., staff. Any refunds will be fairly determined, again at the discretion of Stone Health Center, 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 Stone Health Center, Inc. and/or Innersource, Inc.

I release and hold Stone Health Center, 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 Stone Health Center, 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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**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 Stone Health Center, Inc. for the amount of \$\_\_\_\_\_
- Cash: I have directly delivered cash to your office for the amount of \$\_\_\_\_\_
- Credit Card: I authorize Stone Health Center, Inc. to bill my credit card for the amount of \$\_\_\_\_\_. Visa\_\_\_ MC\_\_\_ Expiration\_\_\_\_\_ 3-Digit Code (on back of card) \_\_\_\_\_  
Credit Card# \_\_\_\_\_.

Credit Card Authorization: I authorize Stone Health Center, Inc. to bill my credit card 45-days prior to the remaining 3 classes \_\_\_\_\_, (Please initial).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature I authorize Stone Health Center, Inc., to charge my credit card for the above stated amount.

**PAYMENT** (can pay quarterly or a one-time annual payment prior to Class #1)

- Deposit Only to hold my place in the Massachusetts Regional EEMCP \$300.00  
(Full deposit required prior to March 1, 2011 and will be applied to Class #4)
  - Quarterly Payment for Class #1 prior to April 1, 2011 \$995.00
  - Quarterly Payment for Class #2 prior to June 20, 2011 \$995.00
  - Quarterly Payment for Class #3 prior to October 1, 2011 \$995.00
  - Quarterly Payment for Class #4 prior to January 1, 2012 \$995.00
- (\$995 minus \$300 deposit which you paid prior to Class #1 – you owe \$695)