

Application Form Distance Course No.19 / Crash Courses

Please complete application form, print it out and send via regular Mail to:

Centre for Ecological Apiculture
Mr. Michael Thiele
Franzrasen 2

D-37242 Bad Sooden/Germany

or via Fax: +49 (0) 32223740527

Sign up now!

*Fields marked with asterisk are mandatory. They have to be filled for further processing of your request.

Yes, I would like to apply for the following beekeeping /apitherapy courses. At the same time I want to become an official member of Save Beecolonies / Natural Apitherapy Council, Honeybee Stewardship Council / Club of Ecological Partner-Apiaries. In this way I support the Centre for Ecological Apiculture and Centre for Natural Apitherapy. On top of that I'll get discounts on all courses, beeproduce and beetherapies. I certify that I'm telling nothing but the truth and complete the entire form correctly. - I require the following membership type:

69 € individual rate p.a.(single persons, small scale beekeepers, non-medical practitioners)

269 € individual rate p.a. (professional beekeepers, medical doctors)

1.200 € organizational rate p.a. (hospitals, organisations, associations)

Yes, I would like to apply for the following courses. Date of the beginning of the courses see internet or phone: +49 5652 917899

No. 19 distance course ecological beekeeping / natural apitherapy, 199 € / 169 €**

No. 37 „crash-course“ ecological top-bar-beekeeping in the Centre for Ecological Apiculture, 199 € / 169 €**

No. 102 „crash-course“ natural apitherapy, 449 € / 369 €**

For members only:

3 x crash-courses (No. 37) including First Certificate Ecological Top Bar Beekeeping, 399 €**
(Precondition: Distance course No. 19)

3 x „crash-courses“ (No. 102) natural apitherapy including First Certificate Natural Apitherapy, 899 €**
(Precondition: Distance course No. 19)

**) fees for members

payment

I'll pay in advance by bank payment

I'll pay directly. I have enclosed the amount in a letter to above mentioned adress (for instance non-negotiable cheque signed in €)

Surname, first name, title: *

Institution / organization / company / job description /amount of hives:

Postal adress:*, street*, country*, zip-code*, city: *

E-Mail*, Tel. *, Fax:

Questions / notes / place / date / signature