

# Admission Application for

## Medical Missionary and Sanitarium Training Seminar

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Occupation \_\_\_\_\_ Age: \_\_\_\_\_

1. Describe your educational achievement (s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe any training that you have previously received in Medical Missionary Lines. Give dates or duration. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Give a brief description of your work experience work as a Medical Missionary. (Include dates or length of time.)  
\_\_\_\_\_  
\_\_\_\_\_
4. Why do you desire to attend this Medical Missionary Seminar? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Circle the number that indicate your level of interest in starting a Sanitarium. least 1 2 3 4 5 6 7 8 9 10 greatest.
6. How do you plan to use this training to spread the Third Angel's Message? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Circle the abbreviation of the books that you have read. MH, CD, CH, SC, MM, GC, HL.

Choose your package for **Tuition** \_\_\_\_ **Tuition \$699.00 Plus** Room and Board (*Choose option below*)

**Accommodation I:** Hope Lodge (Room & Board) **\$485.00** \_\_\_\_ (*with 10 others*); **Accommodation II: Kaigler Lodge** (*with 3 others. Bedding provided*). \_\_\_\_ **\$799.00**; \_\_\_\_ Enclosed is my Non-refundable **Deposit** of **\$250.00**

**Lab Equipments:** The lab equipments are not required for the class, but very beneficial. You will be taught how to use the lab equipment.

I attest and affirm that all the information submitted above is true to the best of my knowledge and that the certification will not be issued to me until I have successfully completed the take home final exam.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Mail Check or Money  
Order Payable to: *C.H.E.M. P.O Box 853, Camden, Tennessee 38320*