

Course Registration Form

Massage Therapy Protocols for Women After Breast Cancer Surgery

Location/Date: **Rocky Mountain Institute of Healing Arts, Durango, CO;
April 10, 2010 – April 11-2010**

Name: _____

Professional Category (e.g., Massage Therapist): _____

Mailing Address: _____

Day Phone: _____

Evening Phone: _____

E-mail: _____

Payment: \$299 early registration if registered by March 15, 2010
 \$399 if registered after March 15, 2010

Payment Type: Check Cash

MasterCard Visa

Card Number: _____

3 Digit Code on Back of Card: _____

Expiration Date: _____

Billing Address (if different from above): _____

[Or call or come by in person to complete credit card transaction].

I authorize Rocky Mountain Institute of Healing Arts to charge the above credit card for the registration fee and agree to pay the total amount shown above in compliance with the cardholder agreement.

x _____
Signature

Note: This course requires completion of enrollment forms. Upon registration, we will send you the enrollment packet.

Complete & return to:
Rocky Mountain Institute of Healing Arts
98 Everett Street, Suite F
Durango, CO 81303
(970) 385-5142
fax: (970) 247-2080

Payments are fully refundable if the class is cancelled by RMIHA, if the class is already full, or if you withdraw in writing 7 calendar days prior to the class. Otherwise, a cancellation charge of 20% will be assessed.