



# ORIENTAL ACUPRESSURE MASSAGE SCHOOL REGISTRATION FORM

Have you ever registered for a massage course before?  Yes  No

Mr.  Mrs.  Miss  Ms.

Date of Birth \_\_\_\_\_  
Year / month / day

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Cellular No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**NOTE:** If you register by mail or fax, you will receive confirmation by mail once your registration has been processed. Only properly completed registrations will be processed. All fees must be paid in full at the time of registration.

## Course Selection -----

I would like to register for the following courses/workshops/seminars:

1. Section No. \_\_\_\_\_ TITLE: \_\_\_\_\_

MEETING DATES: \_\_\_\_\_ COURSE FEES: \_\_\_\_\_

2. Section No. \_\_\_\_\_ TITLE: \_\_\_\_\_

MEETING DATES: \_\_\_\_\_ COURSE FEES: \_\_\_\_\_

TOTAL= \$ \_\_\_\_\_

**Method of Payment: Only cash is accepted.**

**COURSE WITHDRAWAL & REFUND:** The School reserves the right to cancel courses due to low enrolment. Students will be informed if a course is cancelled. Students wishing to withdraw from a course must notify the **Oriental Acupressure Massage School in writing**, stating the name of the course, **before** the first scheduled meeting of the course. The refund consists of the course fee **less \$50**.

**THERE IS NO REFUND AFTER THE FIRST SCHEDULED MEETING.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Office Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

Total Fees Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Refund Information  Student withdrew from course  Course was cancelled by School

Refund Amount: \$ \_\_\_\_\_ Receiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_