

REGISTRATION FORM

To reserve your place in a seminar please submit a completed registration form along with your payment. Class size is strictly limited to assure quality of education. We currently accept checks and money orders only.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

Massage License number _____

Name to appear on Certificate of Attendance (if different from above):

Street Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening phone _____

e-mail: _____

Year graduated: _____ **I can bring a massage table**

Seminar Title	Date	Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Payment _____

I have read and agree to the Cancellation and Refund policy.

Signature _____

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Cancellation and Refund Policy

Cancellations must be made in writing via mail or e-mail. Postmark will determine the effective date of cancellation.

Send notifications to:

Wellness and Massage Training Institute

PO Box 1217

Westmont, IL 60559

e-mail: registrar@wmti.com

Deposits and payments are non-refundable if cancellation is received less than 10 days prior to start date of the scheduled seminar. Cancellations made 11 or more days prior to scheduled seminar will be refunded less a \$25.00 processing fee.

Refund amounts may be applied to another seminar at the discretion of the registrant.

Registrants may arrange for another qualified applicant to attend in their place. A completed Registration form for the substitute must be submitted prior to the scheduled seminar date.

If a scheduled seminar is cancelled for any reason by Wellness and Massage Training Institute all deposits and payments will be refunded in full or applied to another scheduled seminar at the discretion of the registrant.