MASSAGE THERAPY INSTITUTE

Continuing Education Class Registration

Please complete this form in full and return with application fee of $100 to:

Massage Therapy Institute, P.O. Box 518, Davis, CA 95617

Please print clearly all information requested

CONTINUING EDUCATION – CLASS REGISTRATION

How to Register: Call ***(530) 753-4428*** to secure your place in class. Or mail your request with the form below, along with a non-refundable registration fee of $100 or 50% of the tuition for that class (whichever is less), to ***Massage Therapy Institute, P.O. Box 518, Davis, CA 95617.*** If you want to attend a class and have not pre-registered, call to confirm available space. *Full payment is due on or before the first day of class.*

Tuition Refund Policy: You must submit to the school a ***written notice of withdrawal*** from classes. If more than 5 days have elapsed from the date of enrollment, $100 or 50% of tuition, whichever is less, will be charged for withdrawals. Monies may instead be transferred for a $25 fee if notice of change is received at least 2 weeks prior to class start date. A $100 registration fee will be charged for no-shows, drops, or last minute changes (less than 2 weeks). A student who misses more than 50% of a class will be considered a drop and charged appropriate fees. Tuition will be prorated for those dates attended. Students registered into the 250- and 500-hour programs may register into the elective classes at any time. They are required to give 5 day notice prior to class start date if they wish to withdraw from a class or they may be required to pay registration fee for each class that they registered for and did not withdraw from, before they can graduate.

Please enroll me in:

_____Start date:_____
Class

_____
Name:

_____
Address:

_____
City State Zip

Phone :

_____
Daytime:

_____
Home:

_____
E-mail address:

• **MASSAGE THERAPY INSTITUTE** •
P.O. Box 518 • Davis, CA 95617
Phone: (530) 753-4428

☐ Enclosed is my check/money order in the amount of $_____ for Registration, payable to: Massage Therapy Institute

☐ I wish to charge my registration on my VISA/ MASTERCARD, and I have completed the box below

☐ I understand that this: ☐deposit ☐full payment is subject to a transfer fee of $25 or a late withdrawal/drop charge of $100.

Please charge $_____ to my:

☐ Visa ☐ MasterCard

/___/___/___/___/___/___/___/___/___/___/___/___/___/__/___/__/

_____/_____
Expiration date:

_____
Signature:

_____/_____/_____
Date

Rev. 9/25/2011