

Registration Form

Structural Relief Therapy Classes

Approved for Washington & Oregon State & NCBTMB CEU Hours

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NAME: *(for certificate)*

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

WORK:

HOME:

CELL:

EMAIL:

CLASS LOCATION(S):

CLASS DATE(S):

CLASS TITLE(S):

PAYMENT

ENCLOSED:

(\$25.00 Non-refundable deposit for each class): \$ _____

CAN YOU BRING A TABLE?

YES

NO

(CIRCLE ONE)