

REGISTRATION FORM

STUDENT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

COURSE INFORMATION

DATES & LOCATION: _____

COURSE DETAILS (Check course[s] chosen)

<input type="radio"/> Fundamentals of MCT	<input type="radio"/> Therapeutic Cupping for Lymph Drainage	<input type="radio"/> MCT for Pathology & Scar Tissue
<input type="radio"/> Magnets and Therapeutic Cupping	<input type="radio"/> MCT for Sports and Athletic Performance	<input type="radio"/> MCT for Spa Applications

INSTRUCTOR INFORMATION

Please select instructor of chosen course(s) and mail to corresponding address listed below.

PLEASE MAKE CHECKS PAYABLE TO:

Shannon Gilmartin, CMT MCTP 485 S. Independence Blvd., suite 115 Virginia Beach, VA 23452 shannon@moderncuppingtherapy.com	Stacie Nevelus, LMT MCTP 3947 Clark Rd. Sarasota, FL 34233 stacie@moderncuppingtherapy.com
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PAYMENT INFORMATION:

TUITION COST (As noted on website): _____ CHECK #: _____

Prefer to pay with a credit card *NOT* online? Mail or email registration to chosen instructor (listed above).

CIRCLE CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____

EXP. DATE: _____ SEC. CODE: _____

AUTHORIZATION SIGNATURE: _____