

## 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"/> Magnetism and Therapeutic Cupping	<input type="radio"/> MCT for Sports and Athletic Performance	<input type="radio"/> MCT for Spa Applications
<input type="radio"/> FULL CERTIFICATION (4 Days)	<input type="radio"/> FULL CERTIFICATION (COSTA RICA) <i>*Single</i> room	<input type="radio"/> FULL CERTIFICATION (COSTA RICA) <i>*Shared</i> room

### INSTRUCTOR INFORMATION

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

#### **PLEASE MAKE CHECKS PAYABLE TO:**

<p><b>Shannon Gilmartin, CMT</b> 485 S. Independence Blvd., suite 115 Virginia Beach, VA 23452 <a href="mailto:shannon@moderncuppingtherapy.com">shannon@moderncuppingtherapy.com</a></p>	<p><b>Stacie Nevelus, LMT</b> 3947 Clark Rd. Sarasota, FL 34233 <a href="mailto:stacie@moderncuppingtherapy.com">stacie@moderncuppingtherapy.com</a></p>
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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: \_\_\_\_\_

**ALL CANCELLATION POLICIES LISTED ON WWW.MODERNCUPPINGTHERAPY.COM APPLY. THANK YOU!**