

REGISTRATION FORM

STUDENT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

COURSE INFORMATION

DATES & LOCATION: _____

COURSE DETAILS (Check course[s] chosen)

<input type="radio"/> FULL CERTIFICATION (4 Days)	<input type="radio"/> COMBINATION COURSE (3 Days) (Fundamentals of MCT & Therapeutic Cupping for Lymph Drainage)	<input type="radio"/> Fundamentals of MCT (2 Days)
<input type="radio"/> Therapeutic Cupping for Lymph Drainage	<input type="radio"/> MCT for Pathology & Scar Tissue	<input type="radio"/> MCT for Sports & Athletic Performance
<input type="radio"/> Magnets and Therapeutic Cupping	<input type="radio"/> MCT for Therapeutic Spa Applications	<input type="radio"/> Advanced Applications of MCT

INSTRUCTOR INFORMATION

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

PLEASE MAKE CHECKS PAYABLE TO:

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

TUITION COST (As noted on website):

Prefer to pay with a credit card <i>NOT</i> 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: _____	DATE: _____