

Continuing Education Course Registration Form

Name _____ Date _____

Address _____ State _____ Zip Code _____

Phone (____) _____ alternate phone (____) _____

Email address _____

I am currently: a licensed Massage Therapist a student Massage Therapist

In order to complete your registration*, please send this form along with a check or money order to:
 Sharon Costianes, GCFP
 14 Porter Hill Rd.
 Ithaca, NY 14850

| Course Title | Course Date(s) | Course Fee* |
|-------------------------------|--------------------------------|-------------|
| Making the Most of Your Moves | May 29, 2010 | |
| | | |
| | Deposit Amount Included | |
| | Balance Due | |

**All Registration Forms and Deposits must be received prior to the registration deadline. See bodysongcenter.com for applicable rates.*

*The registration deadline is **May 19, 2010***

*The Early Bird registration deadline is **May 12, 2010***

Refund Policy Refunds are issued only in the following circumstances:

1. A full refund is automatically issued if a class is canceled.
2. If you would like a refund, a written request must be received by Sharon Costianes, 7 days prior to the first class meeting. A \$20 processing charge per class will be deducted. Enrollment cancellations received after the refund deadline and up to 2 days before the start of class will be issued a Letter of Credit for class fees, less a \$20 processing charge. Mail requests to:

Sharon Costianes, GCFP
 14 Porter Hill Rd.
 Ithaca, NY 14850
 (607) 227-7590
sharon@bodysongcenter.com

No phone requests for refunds or letters of credit will be accepted. Please allow 2-4 weeks to process requests.

3. Once a class has begun, no partial refund or letter of credit will be issued for any reason, including illness, travel, or classes postponed because of circumstances beyond our control.

Classroom Policy Due to liability regulations, only enrolled students may attend a class or workshop. Please arrive early if you wish to discuss the class content with the instructor.

I have read and accept the terms of the Refund Policy.

Signature

Date