

PENNSYLVANIA MYOTHERAPY INSTITUTE

CEU REGISTRATION FORM

(Please Print)

Title Of Training: _____

Date(s): _____

Your Name: _____

Phone #: (____) _____

Address: _____

Email: _____

Amount Enclosed: \$ _____

((Check or Money Order))

For 4-Handed Massage Course, please indicate if you are registering with 2 other therapists by listing their names below:

Therapist 1: _____

Therapist 2: _____

- 25% non-refundable deposit required 3 days in advance. Balance of payment due on or before the date of training.
- **WHAT-TO-BRING** for hands-on massage classes: 1 set of sheets including pillow case or face rest cover, 1 hand towel, 2 bath towels, and one pillow.

Mail registration form and make checks payable to PMI

PMI

Attention: CEU

668 Route 194 N.

Abbottstown, PA 17301