

Registration Form

Continuing Education Program

Please enroll me in the following class(es). My payment in full is enclosed for each class unless otherwise noted. Mail payment and registration form to: Inland Massage Institute, Inc., 111 East Magnesium, Suite F, Spokane, WA 99208. If you have any questions about the workshops, please call **(509) 465-3033** for further information. Information can also be found on our web-site @ www.inlandmassage.com.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

#1: _____ Fee: _____ Date: _____

#2: _____ Fee: _____ Date: _____

#3: _____ Fee: _____ Date: _____

#4: _____ Fee: _____ Date: _____

Total Amount Enclosed: \$ _____

Please note there will be no refund of fees after the payment deadline or as noted unless the class is canceled or does not have enough participants to hold the seminar.

DEADLINE FOR REGISTRATION INDICATED ON EACH WORKSHOP
REMEMBER TO SEND IN YOUR REGISTRATION EARLY! DON'T WAIT!