



Healthcare is in your hands
American Medical Massage Association

CLINICAL MASSAGE THERAPY SCIENCES
300 Hour Entry Level Program
REGISTRATION FORM

(Please fill out this form entirely)

Date:	Name: First Middle Last	Social Security Number:	
Street Address:		City:	State: Zip:
Email Address (required):			
Home Phone:		Work/Cell Phone:	
Employer Name and Address: Name		Address	
Education:			
High School:			
College/Vocational:			
Medical: <i>(Supply Transcripts)</i>			
What do you want to achieve from this course?			
Payment Information: Complete Program \$1,195.00 + \$16.95 S&H			
<p>Make Check or Money Order payable to American Medical Massage Association.</p> <p>Mail your check, money order, or credit card information with <u>completed registration form to:</u></p> <p style="text-align: center;">American Medical Massage Association 2040 Raybrook S.E., Suite 104 Grand Rapids, MI 49546 Attn: Administration</p> <p><u>Please include the Shipping and Handling</u></p>		<p>Credit Card Information:</p> <p>Please circle one: Visa MasterCard Discover Amex</p> <p>Credit Card Number:</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Expiration Date: <input type="text"/><input type="text"/> m/m <input type="text"/><input type="text"/> y/y Security # <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Name on Card: _____</p> <p>Amount of Charge: \$ _____ <i>(please include Shipping and Handling)</i></p> <p>Cardholder's Signature: _____</p> <p style="text-align: center;">Financing is also available for qualified applications. Please call 888-375-7245 for details.</p>	

The tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An application fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded, if requested, within 3 business days after signing a contract with the school. All refunds shall be returned within 30 days. All materials must be returned to the AMMA within the 30 day period. I, the undersigned, do also understand that any false statements made shall void this application.

Signature (Required)

Date