



Healthcare is in your hands
American Medical Massage Association

**CLINICAL MASSAGE THERAPY SCIENCES
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:				
Massage Therapy: <i>(Supply Transcripts)</i>				
What do you want to achieve from this course?				
Mark which program you wish to order:				
<input type="checkbox"/> \$5,290.00 Complete Program <input type="checkbox"/> \$1,195.00 Part I <input type="checkbox"/> \$3,295.00 Part II				
Financing is available please call us at 888.375.7245 for more information.				
Payment Information:				
Make Check or Money Order payable to Medical Massage Inc. Mail your check, money order, or credit card information with completed registration form and transcripts to: <p style="text-align: center;">Medical Massage Inc 2040 Raybrook S.E., Suite 104 Grand Rapids, MI 49546 Attn: Administration</p> Note: With your registration and payment, please include transcripts that certify you have completed a massage therapy course with a minimum of 500 hours instruction. Your transcript should show the number of hours you have completed in the biomedical sciences.		Credit Card Information: Please circle one: Visa MasterCard Discover Amex Credit Card Number: <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"/> 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"/> Name on Card: _____ Amount of Charge: \$ _____ <i>(please include Shipping and Handling)</i> Cardholder's Signature: _____ Financing is available for qualified students. Please call 888.375.7245 for details (toll free).		

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. No refunds shall be given once the program is purchased. I, the undersigned, do also understand that any false statements made shall void this application.

Signature (Required)

Date