

Workshop Registration Form: Bridges To Health Therapeutic Massage Center

Name: _____

Address/ Street, _____ Town, _____ Zip Code _____

Phone _____ Email _____ Fax _____

CT Massage Therapy License Number: _____

Registration Form: Return this form with payment to Bridges To Health, 17 Farmington Ave. Plainville, CT 06062
\$10.00 student discount applies to those students currently enrolled in a Massage School.
To secure a place in class payment must be received with registration form.

Check off Class(s)		Fee	
____ Intro to myofascial release	9-9-07	110.00	_____
____ From feet to neck	10-14-07	105.00	_____
____ Stretch and move	11-11-07	110.00	_____
Sub Total			_____
Less \$10.00 Student Discount per class			_____
Total			_____

Return this form to: Bridges To Health 17 Farmington Ave. Plainville, CT 06062

Payment Source:

_____ Check enclosed. Credit Card: _____ MC _____ Visa _____ Discover

Card Number _____ Expiration Date (month/year) _____ Name on card _____