

THERAPEUTIC MASSAGE CLINIC: REGISTRATION FORM FALL 2008

Please PRINT and use ink when filling out the form. Thank you.

Return this completed Registration Form with an original copy of your medical clearance, which must be dated after June 15, 2008, along with a check or money order for \$250 (\$225 if you are a senior), payable to the Swedish Institute, to Swedish Institute, 226 W. 26th Street, Therapeutic Massage Clinic, New York, NY 10001.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Date of Birth: _____

Occupation: _____

EMERGENCY CONTACT

Name: _____

Phone: _____

CLINIC DATES AND TIMES

- Monday mornings starting September 22
Time slots: 8:45 a.m., 10:00 a.m. or 11:15 a.m.
- Monday afternoons starting September 22
Time slots: 1:30 p.m., 2:45 p.m. or 4:00 p.m.
- Wednesday mornings starting September 17
Time slots: 8:45 a.m., 10:00 a.m. or 11:15 a.m.
- Wednesday evenings starting September 17
Time slots: 6:15 p.m., 7:30 p.m. or 8:45 p.m.

My preference is for the following days and times:

First choice: Day _____ Time _____

Second choice: Day _____ Time _____

Once your appointment has been confirmed the fee is non-refundable.

The first session of each six week series will consist only of a lengthy intake and evaluation. However, we would appreciate a brief description of the injury, condition or complaint that brings you to this clinic:

Are you pregnant? If so, number of weeks: _____