

Massage Therapy Program Workshop Registration Form

Date of workshop: _____

Name: _____

Address: _____

City/State/Zip code: _____

Home phone: _____

Work phone: _____

Have you attended an Open House? _____

The Workshop fee for the full day is \$50. Payment must accompany the registration form and is non-refundable and non-transferable. If you enroll in the program the fee will be deducted from your tuition.

Participants must register. Space is limited and registration is closed when the Workshop is full. You can register by mail, fax, phone or in person. No personal checks will be accepted the day of the Workshop. Make check or money order payable to **Swedish Institute**.

Credit cards accepted: VISA _____ Mastercard _____ Amex _____

Card number: _____ Exp. Date: _____

Signature: _____

Name on card (if different): _____

Mail to: Swedish Institute
226 W 26th Street, 5/FI
New York, NY 10001

Phone: 212.924.5900 ext. 0

Fax: 212.924.7600