

Continuing Education Registration Form

Please Print Clearly *(All information is required)*

Name _____

Street Address _____

City _____ State/Province _____ Zip _____

Day Phone _____ Evening Phone _____ Email _____

School Attended for Training

Name of School Attended _____

Graduation Date ____/____/____ No. of Program Hours _____

If this is your first time attending a class at BCMT, please include a copy of your diploma or transcript for our files.

I am currently a BCMT Alumni Association Member.

Individual Course Registration

Course Name/Module Number

Fee

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Full Certificate Registration

Course Name/Module Number

(Prepaid)

Fee

<input type="checkbox"/> Spa Elements	\$1365	\$ _____
<input type="checkbox"/> The Art of Zen	\$1430	\$ _____
<input type="checkbox"/> Prenatal, Labor, Postpartum Massage Therapy	\$1545	\$ _____
<input type="checkbox"/> Orthopedic and Sports Massage	\$2100	\$ _____
<input type="checkbox"/> Energy Healing	\$1065	\$ _____
<input type="checkbox"/> Canine Massage	\$1380	\$ _____
Total		\$ _____

Payment Method *(Full payment is required at time of registration)*

My check is enclosed *(please make payable to BCMT)* My money order is enclosed \$ _____

Please charge my credit card \$ _____ MasterCard Visa Exp. Date ____/____/____

Credit Card No. _____ - _____ - _____ Signature *(required)* _____

Payment Submission

Mail to: BCMT • 6255 Longbow Drive, Boulder, CO 80301 • Ph: 303.530.2100 800.442.5231 • Fax: *(credit card only)* 303.530.2204

Refund Policy

Withdrawal from the course at least eight (8) days prior to start of class: full refund. Withdrawal from the course within seven (7) days prior to start of class: full refund minus a 25% cancellation fee. Withdrawal after start of course: no refund.