

CONTINUING EDUCATION REGISTRATION

CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (for last minute info on course) _____ OR _____

EMAIL _____

COURSE INFORMATION

COURSE _____

COURSE DATE: _____

COST: _____

NAME YOU WANT ON YOUR CERTIFICATE

PAYMENT INFORMATION

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(Payment is required with registration)

PAYMENT: CHECK _____ VISA _____ MC _____ MONEY ORDER _____

CC # _____ Exp Date _____ CVC# _____
(3 digits on back)

SIGNATURE _____

MAKE CHECKS 'PAYABLE TO : ASHEVILLE SCHOOL OF MASSAGE & YOGA,
Send check and this form to: 77 Walnut Street, Asheville, NC 28801

Confirmation will be send by email unless otherwise instructed.