

# Registration Form

Please review the terms in the student agreement before submitting your registration. The Student Agreement is available on page 16 in this catalog or at [www.klosetraining.com](http://www.klosetraining.com). Students are also welcome to register online at [www.klosetraining.com](http://www.klosetraining.com) if they so choose. (Please print clearly!)

## Course Information

Course Date: \_\_\_\_\_

Location: \_\_\_\_\_

## Home Address

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Work Address

Business Name: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Contact Information

Work Phone (including area code): \_\_\_\_\_

Home Phone (including area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

## For Your Certificate

Please print your name and professional credentials the way you would like them to appear on your certificate:

Name: \_\_\_\_\_

Professional credentials (abbreviated): \_\_\_\_\_

Please indicate your professional title and enclose a copy of your license/diploma with this registration.

M.D.  P.T.  D.P.T.  P.T.A.  O.T.  O.T.A.  R.N.  M.T.\*  Other: \_\_\_\_\_

*\*Massage therapists from the U.S. must show proof of completion of a minimum 500 hours training program or be certified through the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). Massage therapists from other countries must show proof of equivalent international program.*

## Payment

The total tuition for the course is as outlined on the appropriate course description page in this catalog. If a deposit is required at the time of registration, it will hold your spot until the total tuition is due three (3) weeks before the start of the course. To register, please complete this form and return it with a copy of your professional license/diploma and the applicable deposit/course fee to:



1369 Forest Park Circle • Suite 101 • Lafayette, Colorado 80026 • USA  
Tel.: 866-621-7888 (toll free) • Fax: 303-245-0334

My check or money order (U.S. Currency) payable to **Klose Training & Consulting, LLC** is enclosed

Please charge my VISA/ MC card in the amount of: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name as it appears on card (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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visit our website: [www.klosetraining.com](http://www.klosetraining.com)

