

REGISTRATION FORM

NOTE: If you would prefer to register online, go to www.klosetraining.com.

COURSE INFORMATION

Course Title: _____

Course Location (if applicable): _____

Course Date (if applicable): _____

* If you are registering for an online course, you will receive your online access codes in the mail along with a course manual. You'll have four weeks to complete the course.

STUDENT INFORMATION

Name: _____

Best Phone: Wk Hm Cell _____

Best Email: Wk Hm _____

Alternate Email: Wk Hm _____

Home Address: Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Name as you would like it to appear on your certificate (Please print):

Professional Credentials (initials only): _____

* **Massage therapists** must show proof of completion of a minimum 500-hr training program. Alternatively, MTs from the U.S. can show proof of certification by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMT).

1. Do you have any specific needs in regards to the class? _____

2. How did you hear about this class or Klose Training? _____

3. Why did you choose to take this class with Klose Training? _____

Klose Training's STUDENT AGREEMENT - which contains the Refund and Cancellation Policies – can be linked to from the appropriate course description page located at www.klosetraining.com. By signing here, you acknowledge that you have read and agree to the terms of the Student Agreement.

 Your signature

BILLING INFORMATION

Course tuition is specified on the appropriate course description page on our website, www.klosetraining.com. For classes that offer the option of making a deposit to hold your spot, the balance of the tuition is due no later than three weeks prior to the start of the class.

I am paying the following at this time: Deposit (if applicable): \$ _____ Full Tuition: \$ _____

Check or Money Order payable to **Klose Training & Consulting, LLC**
307 S. Public Rd, Lafayette, CO 80026

Visa MasterCard Discover

Card No: _____ Exp Date _____ CVC: _____

CREDIT CARD BILLING INFORMATION

Same as under Student Information If different than above:

Name: _____ Company: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

