



CONTINUING EDUCATION COURSE REGISTRATION FORM

Student Information:

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

Licensed or Certified in: Massage Therapy
 Other (explain) _____

License Number / State: _____ / _____

Are you a graduate of Swedish Institute?

If yes, what year did you graduate? _____

If no, where did you attend college? _____

How did you hear about this course? _____

| Class Title: | Class Date(s): | Class Tuition: |
|--------------|----------------|----------------|
| | | |
| | | |

Total: _____

Payment Information:

Credit Card Type: ___ AmEx ___ Visa ___ MC ___ Discover

Card Number: _____

Expiration Date: _____

Security Code: _____

Check Number: _____

Cash (Receipt number): _____