

Weekend Workshop Registration Form

For workshops at the Florida School of Massage Please PRINT CLEARLY all information below, clip and return with your payment in full to the Florida School of Massage. Make checks payable to FINH. No registration will be accepted without payment in full.

All workshops are subject to change or cancellation without notice. Participants are responsible for providing FSM with a current telephone number so we can notify you of any changes. In the event of a cancellation by FSM, all payments will be refunded.

CANCELLATION POLICY: If a student cancels 7 days or more prior to the workshop date, FSM will refund payments made, less a \$20 processing fee. If a student cancels with less than 7 days until the workshop date, THERE WILL BE NO REFUND.

Name _____

Address _____

City, State, Zip _____

FL License # (if applicable) _____

Email Address _____

Area Code and Phone Number # (required) _____

Workshop Title _____

Workshop Date _____

Amount Enclosed _____

Visa/Discover/Master Card# Expiration Date _____

Name on Card _____

Signature Authorizing Credit Card Charge _____

Are you a graduate of the Florida School of Massage? _____

Yes No If "yes", what class did you attend? _____