

Registration by Mail Form

Mail to : Northwest AR School of Massage and
Continuing Education Center, LLC
3022 East Van Buren Suite E
Eureka Springs, AR 72632

Name: _____

Phone number: _____

Address: _____

<u>Classes you wish to attend:</u>	<u>Date</u>	<u>Amount due</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Total enclosed: _____

Method of payment: Check: _____ Credit card: _____ Money order: _____

Credit Card number: _____ Exp: _____

V code: _____

Card holder signature: _____