

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: _____

Email address: _____

Phone number: _____

Your class confirmation will be emailed
rather than sent via post if you provide
us with your email address.

Address: _____

Classes you wish to attend:

Date

Amount due

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Total enclosed: _____

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

Credit Card number: _____ Exp: _____

V code: _____

Card holder signature: _____

Name as it appears on the credit card: _____

Billing Address for credit card: _____

* If mailing us a payment for a class, your postmark will determine whether payment was given by deadline posted for each class. No one will be registered for any class and your payment will be returned if postmark shows a date after registration deadlines.