

REGISTRATION FORM FOR LARRY'S CLASSES ONLY

(973) 263-2229

www.newjerseymassage.com

Two easy ways to register: Mail or Fax: 973-402-1222

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Are you a graduate of the North Jersey Massage Training Center? _____

<u>Course Name</u>			<u>Amount paid now</u>
Ultimate – Core _____	Date _____	\$60 / Free	\$ _____
Ultimate Back _____	Date _____	\$175	\$ _____
Ultimate Hip & Leg _____	Date _____	\$175	\$ _____
Ultimate Neck _____	Date _____	\$175	\$ _____
Ultimate Arm & Shoulder _____	Date _____	\$175	\$ _____
Ultimate Abdominal Massage _____	Date _____	\$175	\$ _____
Ultimate Practical _____	Date _____	\$175	\$ _____
Entire Ultimate Series _____		\$960	\$ _____
Clinical Nutrition for Massage Therapists _____		\$100	\$ _____
Massage Therapy Facial _____		\$160	\$ _____
Traditional Shiatsu (Parts 1 and 2) _____		\$300	\$ _____

Payment in full is required day of the workshop Total enclosed \$ _____

Please make checks payable to: ***New Jersey Massage***

Visa Mastercard Discover Number _____ Exp. Date _____

Signature _____