

Healing Touch Program™ Class Registration Form

Please print this registration form, fill it out and submit it with either a minimum deposit or full payment to the contact person listed for the class you wish to attend. Full payment for classes is required at least two weeks prior to the class.

Name _____

Address _____

City _____ State/Province _____ Zip/Post Code _____

Phone: Home _____ Work _____

E Mail: _____

Class Location _____ Class Date(s) _____

Class Level: ___ 1 ___ 2 ___ 3

Tuition: ___ Regular \$333

___ HTPA or AHNA Member

___ Early Bird Discount (register at least 3 weeks prior to class) \$308

___ Full Time Student With ID \$225

___ Repeat \$225

Class Level: ___ 4 ___ 5

Tuition: ___ Regular \$469 Do you need a level 4/5 notebook? ___ Yes ___ No

___ HTPA or AHNA Member

___ Early Bird Discount (register at least 3 weeks prior to class) \$444

___ Full Time Student With ID \$316

___ Repeat \$316

Class Level: ___ Advanced Practice 1 ___ Advanced Practice 2

Tuition: ___ Regular \$189 ___ Advanced Practice 1 and 2 Combo \$349

___ Repeat \$100

For Level 4 & 5 and Advanced Practice 1 and 2 classes make checks payable to Healing Touch and send to: Healing Touch Program™, 5783 Sheridan, Blvd., Suite 101, Arvada, CO 80002

Can you bring a massage table? ___ yes ___ no

Are you a nurse ? Yes ___ No ___

Amount Enclosed \$ _____

The Contact Person for the class(es) for which you are registering, will send you a confirmation letter.