

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: ___ 4 ___ 5

Tuition: ___ Regular \$797 Do you need a level 4/5 notebook? ___ Yes ___ No

___ HTPA Member/AHNA \$717 Membership Type & Number _____

___ Practitioner Package: Level 4, 5, + One year HTPA Membership and Certification Package \$1697 (\$394 savings) BEST VALUE!

___ Professional Package: Tuition Level 1, 2, 3, 4, 5 + One year HTPA Membership and Certification Package \$2797 (\$863 savings) BEST VALUE!

*PAYMENT PLANS ARE AVAILABLE. PLEASE CONTACT THE HTP OFFICE *

Class Level: ___ Advanced Practice 1 ___ Advanced Practice 2

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

___ Repeat \$100 ___ Advanced Practice 1 and 2 Combo \$200

For Level 4 & 5 and Advanced Practice 1 and 2 classes make checks payable to Healing Touch Program and send to: Healing Touch Program 15439 Pebble Gate San Antonio, TX 78232

Can you bring a massage table? ___ Yes ___ No Are you a nurse? ___ Yes ___ No
Do you have any Dietary Restrictions? ___ Yes ___ No Do you have a
Roommate Request? ___ Yes ___ No

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

CREDIT CARD INFORMATION:

Charge Amount:		Payment Plan: Yes or No
Card Type:	Visa MasterCard Discover	
Card Number:		
Exp. Date:		Security Code:

For Office Use Only:

Authorization Number:		Authorization Date:		Initials:	
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