

Crystal Mountain Registration Form for Continuing Education Courses

Name _____ Date _____

Street Address _____

(if paying by credit card, please use billing address)

City _____ State _____ Zip Code _____

Telephone Number _____ Cell Home

E-mail Address _____

Course _____

Dates of Course _____

Course Fee _____ + Tax _____ (6.875%) + Materials Fee _____

= Total Amount Due \$ _____

Payment Method: Credit Card Check

If by Credit Card: Visa MasterCard Discover

Credit Card # _____

Expiration Date _____ "V" # _____ (the three-digit number on back of credit card)

If by Check: Check # _____

Special needs during class: _____

Please return to: Crystal Mountain School of Therapeutic Massage
Attn: Jeanne M. Elsen, Director of Continuing Education
4775 Indian School Rd. NE, Suite 102, Albuquerque, NM 87110

