

medical massage workshop registration

please mail this completed form to:

Medical Massage Workshops
attn.: Brett A. Pace, L.M.T.
228 Lafayette Circle, Tallahassee, FL 32303

Personal Information - please complete one form
per workshop participant

Name:

Address:

City/State/Zip:

Telephone:

Cell:

Email:

License #:

Course Title	Date of Course	Workshop Location (Site)	Course Amount*	TOTAL
			(\$150 if registration received 2 weeks prior to course date \$175 for late registration)	
Total				

payment method

☐ Check enclosed. Total Payment Amount \$ _____

Please checks payable to Brett A. Pace, L.M.T.

Charge my credit card account ☐ VISA ☐ Mastercard ☐ Discover ☐ Amex

As part of our commitment to your protection and security, we require some additional
information to process your order:

Name as it appears on card: _____

Credit Card Number: _____

My card expires: Mo. _____ Yr. _____ Billing Zip Code for card: _____

Signature: _____