

Institute for Therapeutic Massage - 2007 Continuing Ed Registration Form

COURSE (check class and circle location)	LOCATION	DATE	DEPOSIT AMOUNT *
<input type="checkbox"/> Anatomy in Clay	PL or RB	_____	_____
<input type="checkbox"/> Applied Energetic Techniques	PL or RB	_____	_____
<input type="checkbox"/> Business Ethics	PL or RB	_____	_____
<input type="checkbox"/> Chair Massage	PL or RB	_____	_____
<input type="checkbox"/> Cold Stone Facial - Rejuvenating Face Lift	PL or RB	_____	_____
<input type="checkbox"/> CPR/First Aid	PL or RB	_____	_____
<input type="checkbox"/> Deep Tissue Therapy	PL or RB	_____	_____
<input type="checkbox"/> Event Sports Massage	PL or RB	_____	_____
<input type="checkbox"/> Foot Reflexology	PL or RB	_____	_____
<input type="checkbox"/> Hot Stone Facial	PL	_____	_____
<input type="checkbox"/> Hot Stone Massage - 1 Day Intensive	RB	_____	_____
<input type="checkbox"/> Hot Stone Massage - 2 Day Intensive	PL	_____	_____
<input type="checkbox"/> Hot Stone Massage - Advanced 2 Day Intensive	PL	_____	_____
<input type="checkbox"/> Hot Stone Pedicure and Manicure	PL	_____	_____
<input type="checkbox"/> Hot Stone Reflexology	PL	_____	_____
<input type="checkbox"/> Introduction to Aromatherapy	PL or RB	_____	_____
<input type="checkbox"/> Intro to Oriental Theory & Bodywork	PL or RB	_____	_____
<input type="checkbox"/> Lomilomi I	RB	_____	_____
<input type="checkbox"/> Lomilomi II	RB	_____	_____
<input type="checkbox"/> Myofascial Release	PL or RB	_____	_____
<input type="checkbox"/> National Certification Review	PL or RB	_____	_____
<input type="checkbox"/> Neuromuscular Therapy I	PL or RB	_____	_____
<input type="checkbox"/> Neuromuscular Therapy II	PL or RB	_____	_____
<input type="checkbox"/> Neuromuscular Therapy III	PL or RB	_____	_____
<input type="checkbox"/> Neuromuscular Therapy IV	PL or RB	_____	_____
<input type="checkbox"/> Orthopedic Massage - Hospital Based	Newark	_____	_____
<input type="checkbox"/> Pregnancy Massage	PL or RB	_____	_____
<input type="checkbox"/> Ralph Stephens - Medical Massage	PL	_____	_____
<input type="checkbox"/> Reiki I	PL or RB	_____	_____
<input type="checkbox"/> Reiki II	PL or RB	_____	_____
<input type="checkbox"/> Spa Treatment	RB	_____	_____
<input type="checkbox"/> Stretching for Sports	PL or RB	_____	_____
<input type="checkbox"/> Thai Level I	RB	_____	_____
<input type="checkbox"/> Thai Level II	RB	_____	_____

Please Fax completed application to Valerie at 973.839.9878 - or email her at valerie@massageprogram.com