

STUDENT INFORMATION

Name: _____

Mailing Address: _____

Phone (H): _____ (W): _____ (C): _____

E-mail (H): _____ (W): _____

Occupation: _____

Status : Private Practice Employed Full time Part time

If Part time, your other occupation: _____

Professional Schools Attended

School: _____ Dates: _____

School: _____ Dates: _____

School: _____ Dates: _____

Are you in a program currently: Y N If yes, where: _____

Licenses / Certifications Held

State: _____ License /Certification: _____

State: _____ License /Certification: _____

State: _____ License /Certification: _____

Reasons for taking this class / what you hope to learn in class:

Registration Deposit and Cancellation Policies

Advanced class registration is required with a 25% deposit. A two week notification of cancellation is required for full refund of registration deposit.

Please fill this form out completely, sign it, and mail with your deposit to hold your place in class.

Make checks payable to: Michael Wohlfarth

Mail to: Mindful Shiatsu Center
12216 Westmont Lane
Bowie, MD 20715

Signature _____ Date _____

Please provide as much notice as possible if you must miss a day of class. Thank you.