



Tammy Roecker, LMT, NCTMB, CD, CBE, CIMEB™

**TAMMY ROECKER SEMINARS**

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**REGISTRATION FORM AND PAYMENT INFORMATION**

Please fill-out form clearly. Print in blue or black ink, and mail to above address, or E-mail form to above e-mail address, or Fax form to above fax number.

Name of Course: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Location of Course: \_\_\_\_\_ - \_\_\_\_\_ Course Date (s): \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Contacts and Type: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Profession/s, Certifications/s: \_\_\_\_\_

**Required Class Materials:** Details depend on location. **For Perinatal Massage only:** Students need to bring massage table, 2 sets of sheets, and 4-6 large pillows. Wear sports bra and shorts, or swim suit, under comfortable clothing for practical portion of class.

Class Registration Cost: \$ \_\_\_\_\_

**Payment Method:**

**Check:** Check # \_\_\_\_\_ (Mail to address above)

**Credit Card:** Master card, Discover, Visa, or American Express (To pay by phone call 602.697.6463)

Name on card: \_\_\_\_\_

\_\_\_\_\_, Exp. \_\_\_\_ / \_\_\_\_

Credit Card Billing Address if different from above: Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

By signing this form, it is acknowledged that **there are no refunds under any circumstances, if unable to attend, I will be able to reschedule to any available class of my choosing. Classes may be subject to rescheduling.** Also, the above fees do not include expenses to complete the training, without limitation, food, travel and lodging.

**Signed:** X \_\_\_\_\_