

## WORKSHOP REGISTRATION FORM

*Please return this form with your deposit to:*

NATURAL TOUCH \* RT 3 BOX 543 \* LOST CREEK, WV 26385

Email: [valarielmt@naturaltouch.org](mailto:valarielmt@naturaltouch.org) or [www.naturaltouch.org](http://www.naturaltouch.org)

*Or register by phone:*

304-745-3958 or 304-624-3600

### **Cancellation and Refund Policy:**

❖ Natural Touch may cancel workshops due to low enrollment, weather or for any other reason. In such cases, your deposit will be cheerfully, 100% refunded. You will be contacted in the event of a cancellation.

❖ If you notify us of your withdrawal from any workshop more than twenty-one (21) days before the scheduled start of the workshop, you will receive a refund of the full deposit paid or you may transfer the entire deposit to any other workshop sponsored by Natural Touch within a six month period.

❖ If you notify us of your withdrawal less than twenty-one (21) days before the start of the workshop, or do not show up for the first day of the workshop, you will not be entitled to a refund/credit of the required deposit amount as listed in this brochure. If your deposit was greater than the required deposit the difference will be refunded or credited. Emergency exceptions will be considered with a written explanation.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

WORK & HOME PHONE #'s \_\_\_\_\_

Please accept my registration for the following workshop(s):

<u>Workshop Name (s)</u>	<u>Dates:</u>	<u>Tuition:</u>	<u>Deposit:</u>
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I have enclosed a check with my total deposit of: \_\_\_\_\_

Please charge my card listed for the total deposit of: \_\_\_\_\_

CREDIT CARD: TYPE OF CARD/

NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

For workshops that note professionals only, you must be a massage therapy student, massage therapist or a health care professional as specified in the workshop description. By signing below I certify that I meet those requirements.

Signature: \_\_\_\_\_