

# **CE Class Registration Form**

## **Structural Relief Therapy...Creating New Muscle Memory**

NCBTMB Approved Provider #450706-08

Contact/Questions: Taya Countryman LMT / Debbie Cutter LMT

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Lake Stevens WA 98258-1046

Name (for certificate): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone – Work: \_\_\_\_\_

Phone – Home: \_\_\_\_\_

Phone – Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Class Title(s): \_\_\_\_\_

Class Date(s): \_\_\_\_\_

Class Location(s): \_\_\_\_\_

Payment Enclosed: \$ \_\_\_\_\_

Can you bring a massage table? (circle one) YES NO

Do you have any special needs? (circle one) YES NO

If YES, please explain: \_\_\_\_\_