



**P.O. Box 211, 310 West 6<sup>th</sup> Street, Silver City, NM 505-538-0050**

## *Basic Reflexology Certification Classes*

### *Student Registration Form*

Program Start Date:				
First Name:		Last Name:		Middle Name:
Birthday:		Age:	Place of Birth:	
Address:			City:	State:      Zip:
Home Phone:		Work Phone:		
Cell Phone:		Email:		
Educational Experience: Year graduated High School:				

List any other degrees, certifications, job or life experiences you feel is relevant.

**Deposit:** Please include a **\$50.00** deposit with your registration form. The deposit will be credited towards the tuition cost of the program. In event of cancellation of the course by the Instructor, the deposit will be refunded. Please ask about a payment plan if needed.

**Payment Methods:**

**Check:** Make out check to Gwynne Unruh and write **course name** on **check**.

Fill out application and mail along with check to:  
NMCNH P.O. Box 211, Silver City, NM 88062