

Foot Reflexology Certification Course Registration

Please print legibly and complete all pages of this form

Course ID Code: _____ Teacher: _____

Course Start Date: _____ Course End Date: _____

Section 1:

First Name _____ Last Name _____

Street/PO Box _____ (Mailing address only please)

City _____ Province _____

Postal Code _____ Country _____

Home Phone _____ Work Phone _____

Cell Phone _____ Work Fax _____

E-mail Address _____

Please ensure your email address is correct as future correspondence from RAC will be sent to your email.

Section 2: Course Fees & Payment details

\$1500.00 Course Fee

+ \$75.00 GST (5%)

\$ 1575.00 Total amount

If paying by credit card, please enter information below:

Cardholder name: _____

Card number: _____ Exp. Date _____

Signature _____

Payment method:

e-Transfer Certified Cheque Money Order/Bank Draft MasterCard Visa Discover

NOTE: No personal cheques or Cash accepted