

# Dynamic Equilibrium Registration Form

**PLEASE PRINT CLEARLY!**

Name: \_\_\_\_\_

Credentials: Massage Therapist or Bodyworker since \_\_\_\_\_

Other profession and credentials: \_\_\_\_\_

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

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

Phone: (Preferred) \_\_\_\_\_ Additional Phone Numbers: \_\_\_\_\_

Other contact info: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Please only provide your e-mail address if you regularly check your e-mail.)

Course registering for: \_\_\_\_\_

Course Month/Year: \_\_\_\_\_

If there are prerequisites for the class, please state how you meet them: \_\_\_\_\_

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Did you read the [cancellation and refund policy](#)? Write "yes": \_\_\_\_\_

Enclosed is the following amount \$ \_\_\_\_\_ to be paid with a check \_\_\_ with my credit card \_\_\_.

Visa/MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC # \_\_\_\_\_

(The CVC number is found on the back of your credit card. It is the last 3 numbers of the stamped numbers you see.)

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

If you have a different name and/or billing address for this credit card other than the address you wrote above, please complete the information below:

Name as it appears on the card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Card City, State, Zip \_\_\_\_\_

**Mail to: Dynamic Equilibrium, 309 Oakwood Court, Youngsville, NC 27596**