



**2016 COURSE REGISTRATION - Fax to (226) 780-0814**

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

Staff Name(s): \_\_\_\_\_

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

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

MINI RESIDENCY Session 1 April 22-23

MINI RESIDENCY Session 2 May 20-21

MINI RESIDENCY Session 3 June 24-25

MOTOR NERVE REFLEX TESTING June 26-27

*Doctor Course Fee \$2195 per session Staff Course Fee \$950 per session Private Practitioner Non-Dentist \$1695*

**PROGRAM FEES**

Doctor Mini Residency \$2195 X \_\_\_\_\_sessions \$ \_\_\_\_\_

Doctor Motor Nerve Reflex Course \$2195 \$ \_\_\_\_\_

Staff Registration \$950 X \_\_\_\_\_Staff X \_\_\_\_\_Sessions \$ \_\_\_\_\_

**TOTAL COURSE FEE** \$ \_\_\_\_\_

would like to pay per session

would like to pay in full for all 4 sessions listed above and save \$500 on doctor registration

**SCHEDULE OF PAYMENTS**

<b><u>INITIAL PAYMENT</u></b>	-	\$ _____	<b>Due at Registration</b>
Full Payment Discount (Save \$500)	-	\$ _____	<b>Registration to 4 Sessions Above</b>
<b><u>BALANCE DUE</u></b>		\$ _____	

**PAYMENTS**

By signing below, I agree to the following terms: I, the above named, agree to pay T&S Therapy Centre International for the above program. I agree to pay the fee in full as outlined above and understand that all fees are payable in US dollars. I also authorize T&S Therapy Centre International to automatically charge my credit card for the initial payment upon receipt of registration and the balance 30 days prior to the commencement of each session. To take advantage of the full payment discount, I authorize a one-time charge of the entire amount of my registration for the 3 Session Mini Residency and 1 Session Motor Nerve Reflex Programs.

**PLEASE CHOOSE**     VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Cancellation Policy:** Cancellations can be made in writing (emails accepted) up to 30 days prior to the start of the program and will be refunded in full less 10% of the fees collected. We are unable to offer refunds within 30 days of a session, or after course materials have been received, due to non-refundable commitments. In the event that you cannot attend a session, arrangements can be made to have you attend the missed session at a later date. In the unlikely event that T&S Therapy Centre International cancels this program all paid registration fees will be refunded in full within 21 days following the scheduled date of the event. Please initial here to confirm that you have read and agree to the cancellation policy. \_\_\_\_\_

I understand, accept and acknowledge that this agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2016 to be in effect and binding as of said date of signing.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

<b>For Office Use Only</b>	<b>Processed by:</b> _____	<b>Payment Date(s):</b> _____
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