

2016 MINI-RESIDENCY COURSE REGISTRATION - Fax to 001 (226) 780-0814

Doctor Name:						
Staff Name(s):						
Address:				City:		
Province/State:			Postal/Zip Code:			
Email:						
Cell Phone:	Office Phone:					
☐ MINI RESIDENCY	Y Session 1	June 10-12, 2016	☐ MINI RESID	DENCY Session 2 July	7-9, 2016	
		LIMITED SEAT	S AVAILABLE	<u> </u>		
D	Doctor Course Fee £1050 per session		Therapist £400 per session			
PROGRAM FEES Doctor Fees £1050 x Therapist Fees £400 x TOTAL COURSE FEE			££			
SCHEDULE OF PAYMENTS <u>INITIAL PAYMENT</u> Full Payment <u>Balance Due</u>			££	Due at Registration		
By signing below, I agree the full fee as outlined ab that all fees are payable in will be applied for each pabe applied by my mercha Please Select One Optio I authorize my credit prior to the commencement of the commencement in the Mini Res.	ove for the lind US dollars. In use dollars. In ayment. I also not and that The card to be chent the session	sted program. I under if your payment is made ounderstand that if par & S International is nuarged the initial paymon.	stand that T & S I de in a currency of hid in a different control of responsible for the tupon receipt	nternational is a US bather than USD, the currurrency then a foreign that fee. of registration and the	sed company and ent exchange rate exchange fee may balance 30 days	
PLEASE CHOOSE:	□VISA	□MASTERCARD	□DISCOVER	□AMERICAN EXPR	ESS	
Name on Card						
Card Number						
Cancellation Policy: All reformance was made. Cancellations combe refunded in full less 10 refundable commitments. session at a later date. In the fees will be refunded in full have read and agree to the	unds will be is an be made ir % of the fees In the event ne unlikely ev l within 21 da	ssued via USD check from writing (emails accept collected. We are unathat you cannot attendent that T&S Therapy Cays following the scheduse.	m our corporate of ted) up to 30 days ble to offer refund a session, arrango entre Internationa	ffice, regardless of how prior to the start of the swithin 30 days of a sements can be made to al cancels this program a	the initial paymen e program and wil ession due to non attend the missed ll paid registration	
I understand, accept and be in effect and binding a			nade this	day of	, 2016 to	
Print Name		Signat	ure			