



Lakewood School of Therapeutic Massage, Inc.  
1102 6<sup>th</sup> Street Port Huron, MI 48060 (810) 987-3959  
www.lakewoodschool.com

## Workshop Registration Form

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

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

Phone(s): \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Workshop Fee: \$ \_\_\_\_\_

Please enclose your payment with this registration form and mail to the school. If you would like to place the workshop fee on your credit card, please call during business hours and we'll be happy to take your credit card information over the phone or fill in the required information below and we can process your registration upon receipt at the school.

Card type: VISA or MasterCard (please circle one)

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

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Card holder's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date