



Bone Corrective Massage

Registration Form

Last Name : _____ First Name : _____
 Job Title : _____ Gender : _____
 Email Address : _____
 Mailing Address : _____

Country : _____ Postal Code : _____
 Class Name : _____

(Director's approval is absolutely necessary through phone, mail or in-person before registration fee is accepted. You must specify the classes you wish to enroll in.)

Reason for Joining : _____

Enclosed is the non-refundable registration fee deposit of _____

Kindly send this form to reserve a seat in a class you wish to attend

Mdm Michelle Teng Yew Moi
 Fax : 65 6453 1121
 Email : michellebcm@yahoo.com