New York College of Health Professions

**Continuing Education Department**

# REGISTRATION FORM

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Attn: Continuing Education
Phone: (516) 364-0808 ext. 130 Fax:516-364-0989
E-mail: continuinged@nycollege.edu

**Name:** _____ **Date:** _____

**Address:** _____ **City:** _____

**State/Zip:** _____ **Phone (Day):** _____

**E-mail Address:** _____ **Phone (Eve):** _____

☐ General Public ☐ Senior Citizen (65 +)

I'm a New York College of Health Professions: ☐ Student ☐ Faculty ☐ Staff ☐ Alumni year

Licensure: ☐ LMT ☐ LAc ☐ RN ☐ Other (please specify) _____

Florida Massage License Number (to receive CE credit in Florida) _____

| Course Code | Course Title | Course Date (s) | Fee |
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**Method of Payment:** ☐ Cash ☐ Check #_____ ☐ Money Order

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**Refund/Cancellation Policy:** In the event of cancellation by the registrant, a full refund, less a $20.00 processing fee, is given if the request is made at least 14 business days prior to the seminar. No refunds or credits are issued after this time. If a class is cancelled by the College, a full refund will be issued.