

Workshop Registration Form

Name _____

Street Address _____

City, State & ZIP _____

Phone (Day) _____

Phone (Evenings, Weekends) _____

E-mail _____

We will only use this to send you workshop reminders and our monthly newsletter.

Course Name & Date: See our website for dates and fill in below: You may use this form to register for more than one Workshop. Workshops are held at our office unless otherwise noted.

“Fabulous Massage!”

These workshops held in the evening, 7–9 pm

- The Hot Foot Bath (\$40) – Date _____
- Hand and Foot Massage (\$40) – Date _____
- Seated Chair Massage (\$40) – Date _____

“Stretching & Strengthening For Everyone”

These workshops held in the evening, 7–9 pm

- S & S For a Healthy Back (\$40) – Date _____
- S & S For Better Golfing (\$40) – Date _____
- S & S For Weekend Warriors & Other Athletes (\$40) – Date _____

Other Workshop. Please insert name & date:

_____ **“Massage for You and Your Partner” (\$160)**

See website for additional information. Offered in our offices or your home (additional fee will apply) year-round.

Please call or email for a private appointment time & date.

Total enclosed \$_____ (Please make checks payable to “HMT LLC.” Mailing address above.)

How did you hear about our workshops? (Please circle all that apply)

Internet

Newspaper Ad

Hillsborough Massage Therapist

Open House

Friend or Relative

Hillsborough Massage Newsletter

Other: _____