**CEU Registration Form**

***Instructions*:**

* Complete the form in its entirety and mail with payment to Body Wellness Massage Academy at the address above. Upon acceptance of your registration you will receive a confirmation email to your provided address.
* Enrollment is required in advance of the course to ensure adequate accommodations.
* Refunds will be made if cancellation is received at least three days prior to course. There is a standard $25.00 refunding fee that applies to all CEU’s and Seminars.
* The Arkansas Department of Health has approved all courses that indicate CEU’s.

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*Course Title Course Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name (as to appear on certificate)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address City State Zip*

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*Email Phone*

***Method of Payment***

*Check Money Order Credit Card (visa/mastercard)*

*Card Number: \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Expires: \_\_\_\_\_\_\_\_\_\_\_ CVV\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Official Use Only:***

*Amount \_\_\_\_\_\_\_\_\_\_\_\_\_ Confirmation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mail Chimp Attendee List Certificate Evaluation*