



BOULDER MASSAGE THERAPY INSTITUTE

6658 Gunpark Dr. #300
Boulder, Co 80301
School: (303) 618-5518
Clinic: (303) 530-1270

Name _____ (as it appears on your state license)

Preferred name in class: _____ Phone _____ mobile / land

Email _____ Massage license # _____ State _____ Exp. _____

Address _____ City _____ State _____ Zip _____

DOB _____ Gender F _____ M _____ SS# _____

Emergency Contact: Name _____ Phone _____

I am applying for the following course(s) or program at this time: check the circle(s) for the course(s) for which you are submitting payment at this time)

- Myofascial release Course dates: _____
- Sports massage Course dates: _____
- Cranial techniques Course dates: _____
- Asian energetics Course dates: _____
- Oncology and geriatrics Course dates: _____
- Structural integration Course dates: _____
- Other Course name _____ Course dates: _____

Payment in the amount of \$ _____ has been submitted by:

- _____ Online payment via PayPal
- _____ Phone contact, payment by credit card
- _____ Mailed check

You may cancel your registration at any time before the course begins. There is a \$15 non-refundable registration fee included in the cost of each course.

To officially withdraw from any course, please notify BMTI by email at: info@bouldermassageinstitute.com Refunds are made in increments of completion of 10%, 25%, 50% of the course. After 75% of the course, no refunds are given.

Should BMTI cancel a course for any reason, a full refund will be given. Refunds are dispersed within 30 days of withdrawal or cancellation of the course.

Submit this completed application, signed and dated to 6658 Gunpark Drive, Boulder, CO 80301 or by email to info@bouldermassageinstitute.com.

Signature _____ Date _____