

Integrative Cupping and Massage  
\*Posterior 5 / \*Anterior 5 CE NCBTMB  
Registration Form  
Lauren DuBois [Laurenduboisbodywork@gmail.com](mailto:Laurenduboisbodywork@gmail.com)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ LMT#: \_\_\_\_\_  
Email address \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

What inspired you to want to take this course ?  
\_\_\_\_\_

How long have you been a LMT massage therapist? \_\_\_\_\_

What are some modalities you are currently practicing? \_\_\_\_\_  
\_\_\_\_\_

**Date and Time of Course:** Posterior, May 14th and 21st @ 10:am - 3:pm (with breaks)

**Location:** @ Lahaina Healing Center \*Payment : 150\$ each or 300\$ with cups included

**Please bring;** Massage Sheets, Massage Oil, Hand towel, Comfortable clothes, snacks and water,

Payment Information All classes must be paid in full prior to attending. ( deposit with written permission

Cancellation/Refund Policy

All classes are prepaid and no refunds / transfers to other classes are allowed.. If there is a minimum number set for the class and that was not reached you will receive a credit for another class. (exemptions due to Health and Weather related issues )

With respect to the Teacher and the Course. No part of this class may be reproduced or used in any manner without written permission.. Except for the use of working directly on/with your clients. Please do not teach this course to others or reproduce, distribute, transmit, display, publish, or broadcast without the prior, written permission Of Lauren DuBois LLC

Thank you

Signature: \_\_\_\_\_ Date \_\_\_\_\_