

Integrative Cupping and Massage
*Posterior 5 / *Anterior 5 CE NCBTMB
Registration Form
Lauren DuBois 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 June 27th and Anterior June 28th 2:30-7:30pm

Location: @ Maui Prana Massage *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. Cash, venmo/paypal, local check.

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 _____