

WASHINGTON DC CENTRE OF INDIAN CHAMPISSAGE™

REGISTRATION FORM

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Mobile Phone: _____

E-mail Address: _____

Desired Course Date: _____

Method of Payment: Personal Check Money Order VISA MasterCard

Credit Card Number: _____ Exp. _____

Name as it Appears on Card: _____

Signature of Card Holder: _____

Amount Enclosed: _____

A \$100 nonrefundable deposit is required with registration form. Balance of tuition is due fourteen (14) days prior to start of class. Refer to "Fee & Cancellation Policy" under "Training Classes" section of web site: <http://www.msusanwalsh.com/champissage>

Please make checks payable to Washington DC Centre of Indian Champissage™.

Mail to: Washington DC Centre of Indian Champissage™
8990B Fern Park Drive
Burke, VA 22015

Fax to: (703) 738-7971