

**Registration Form**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ Eve. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

SI Graduate? Yes No SI ID# \_\_\_\_\_ Program/Grad. Date \_\_\_\_\_

Lic. or Cert. in: \_\_\_\_\_ Lic. or Cert. # and Issuing State \_\_\_\_\_

Class title and number	Class Date	Fee

**Total Amount** \_\_\_\_\_

**Tuition Payment**

Check or Money Order should be made payable to Swedish Institute

Check Number \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Payment (circle one)      Amex      Visa      MC      Discovery

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Amount \_\_\_\_\_ Signature \_\_\_\_\_

Cash     Other (Circle One)    Credit    Voucher    Instructor

**Return Form With Payment to:**  
 Swedish Institute  
 Professional Continuing Education  
 226 West 26th Street  
 New York, NY 10001

**Swedish  
 Institute  
 College  
 of Health  
 Sciences**

Acupuncture  
 Massage Therapy  
 Personal Training  
 226 West 26th Street, New York, NY 10001  
 phone. 212.924.5900 fax. 212.924.7600  
 www.swedishinstitute.edu

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