

# Lancaster School of Massage

## Continuing Education Registration Form

This registration form should be completed, signed, and returned with appropriate deposit amount to:  
**Lancaster School of Massage, Attn: Registration, 317 N. Queen Street, Lancaster PA 17603.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Personal Information:

\_\_\_\_\_  
Your name with credentials as you would like it to appear on your certificate.

\_\_\_\_ Male \_\_\_\_ Female  
Please check one.

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Daytime Phone Evening Phone

\_\_\_\_\_  
Email Address

### Workshop Information:

\_\_\_\_\_  
Name of Workshop

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date(s) of Workshop

\_\_\_\_\_  
Cost of Workshop

### Payment Information:

Method of Payment: \_\_\_\_ Check (make checks payable to Lancaster School of Massage)  
\_\_\_\_ Cash (please do not mail cash)  
\_\_\_\_ VISA \_\_\_\_ MasterCard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_ / \_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Name as it Appears on Card

Signature of Applicant: \_\_\_\_\_

*Submittal of this document does not guarantee placement. Placement must be approved by LSM, spaces are limited, and courses may have prerequisites. If you have not heard from LSM within 30 days of submittal, please call 717 293-9698.*