

**12645 Memorial Dr. Suite F-3, Houston Texas 77024 (Tel: 281-685-5091) – Email:** [**Souri@HarmonyThaiMassage.com**](mailto:Souri@HarmonyThaiMassage.com) **– Website: www. HarmonyThaiMassage.com**

**Registration**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No. ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Registration : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMT No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently a professional Massage Therapist ? \_\_\_\_\_ Yes \_\_\_\_ NO**

**Payment Method: \_\_ VISA\_\_\_MASTERCARD \_\_DISCOVER/NOVUS \_\_ AMERICAN EXPRESS \_\_CHECK**

**Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_**

**Please register me for the following workshop (s): (check all that apply)**

**Workshop**

**\_\_\_Introduction to Thai Massage - \_\_\_ Thai Reflextherapy**

**\_\_\_Thai Massage On Table \_\_\_Basic Thai Massage Training**

***Total Cost: $ \_\_\_\_\_\_* Amount Enclosed or Charged to Credit Card: $ \_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_**