



Elite Massage Professionals
Continuing Education (CE) Course Application



Please fill out this application and return it with payment to:

**Elite Massage Professionals
 708 Broadway, Suite 103
 Tacoma WA 98402**

Course Title: _____

Course Date: _____

First Name: _____

Last Name: _____

Payment Type: MasterCard Visa Check: # _____ Money Order Cash [Circle One]

If paying with credit card please fill out the following; otherwise skip to Billing Address

Credit Card #: _____

Expiration Date: ____ / ____ (mm/yy)

CSC #: _____ (Last 3 #'s on back)

Billing Address: _____

City / State / Zip: _____ / _____ / _____

Telephone #: (____) _____

Email Address: _____

I hereby authorize the release of this information in order to make my payment for services rendered by Elite Massage Professionals. I understand that my credit card statement will show the payment made payable to: EMP (if applicable). I also acknowledge that if my card is declined / rejected that I will be billed and responsible for the amount due. I hereby state the above information is correct and release the above information in order to be registered for the course applied for.

 Signature

 Today's Date

If you have any questions, please contact the EMP TEAM at ce@elitemassagepro.com or call (253) 284 – 5790. We look forward to seeing you at our course. CE Courses can be seen at <http://elitemassagepro.com/cecourses.html>