

**New York College of Health Professions Continuing Education Department
COURSE REGISTRATION FORM**

**New York College of Health Professions, Continuing Education
6801 Jericho Turnpike, Syosset, NY 11791
Attn: Administrative Manager, Continuing Education
Phone: (800) 922-7337 ext. 223 Fax: (516) 730-2619
Email: continuinged@nycollege.edu**

Name: _____ Date: _____

Address: _____ City/State/Zip _____

Phone: _____ Cell Phone: _____

Email Address: _____

Licensure: LMT L.Ac. RN Other (please specify) _____

I am a New York College of Health Professions: Student Faculty Staff Alumni

General Public Senior Citizen (65+)

Florida Massage License Number (to receive CE credit in Florida) _____

Course Code	Course Title	Course Date(s)	Fee

Method of Payment: _____ Total Enclosed \$ _____

Cash Check # _____ Money Order

Credit Card: Visa MasterCard American Express Discover

Cardholder's Name (as it appears on the credit card) _____

Credit Card Number _____

Security Code _____ Exp. Date: _____

Signature of Credit Card Holder _____

Refund/Cancellation Policy: In the event of cancellation by the Registrant, a full refund less a \$20.00 processing fee, if given if the request is made at least 14 business days prior to the course or workshop. No refunds or credits are issued after this time. If a course is cancelled by the College, a full refund will be issued.