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

New York College of Health Professions, Continuing Education
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Name: _______________________________ Date: __________________

Address: _______________________________ City/State/Zip: __________________________

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E-mail Address: _______________________________________________________________

☐ General Public    ☐ Senior Citizen (65 +)

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

Licensure:  ☐ LMT  ☐ LAc  ☐ RN  ☐ Other (please specify) _______________________

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

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<th>Course Code</th>
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Method of Payment: Total Enclosed $___________

☐ Cash    ☐ Check #_______    ☐ Money Order

Credit Card:  ☐ Visa  ☐ Mastercard  ☐ American Express  ☐ Discover

Cardholder’s Name (as it appears on card) _____________________________________________

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