

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, 313 West Liberty St, Suite 205, 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.