

Equissage, Inc.

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Dual Massage Therapy Certification Home Study Program

Applicant Information

Full Name:	_____	Date: _____
	<i>Last</i> <i>First</i> <i>M.I.</i>	
Address:	_____	
	<i>Street Address</i>	<i>Apartment/Unit #</i>
	_____	_____
	<i>City</i>	<i>State and ZIP Code</i>
Phone:	_____	Email: _____
Referred By:	_____	Are you 18 years of age or older: <u>Yes</u> or <u>No</u> (Please circle one)

Subjects of special study or interest

Canine and Equine related activities:

Why is a career of a CMT / ESMT of interest to you?

References

Please list three references of people not related to you.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Payment Information

Enclosed is my payment of \$1500, which is my tuition – paid in full. I understand that this amount includes all materials and testing.

I understand that the tuition is Non-Refundable.

Please sign below to acknowledge agreement:

I have enclosed a check or money order: _____

Or

I prefer to have my tuition paid via my _____ credit card
(Please specify Visa, Mastercard, American Express, or Discover)

Card Number _____

Expiration Date _____

Name on Card
please print _____

Signature _____

Thank you for your application for our
Dual Massage Therapy Certification Home Study Course.