

Dr Vodder School International is approved by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) as a continuing education Approved Provider. Approved Provider Number 33225-00

(Please print clearly using capital letters [or fill out interactive form on screen], then print, sign, FAX or email)

NAME: _____ Title _____

Street / Box: _____ Apt./Ste: _____

City: _____ State: _____ Zip: _____

Phone Home: (____)_____ Business: (____)_____

Cell: () _____ Email: _____

OCCUPATION: _____

EDUCATION: Highest level: _____

REQUISITE TRAINING / PREREQUISITE (if applicable):

Training background for this course: _____

Year taken and location: _____

Copy of license or certification/registration/diploma is required for Basic classes.

COURSE: ☐ **BASIC BODY** (5-Day) ☐ **BASIC NECK & FACE** (3-Day)
☐ **THERAPY I** (5-Day) ☐ **ADVANCED NECK & FACE** (3-Day)
☐ **REVIEW** (1/2-Day) ☐ **OTHER:** _____

CLASS DATE: _____ CLASS LOCATION: _____

Deposit required to secure a seat in class: **5-Day \$350. 3-Day \$250. 1/2-Day \$65.**

Cardholder Name: _____

Check #	Visa	Master	Discover	AMEX	CVV
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Card Number: Exp: /

Card billing address if different than above: _____ Zip _____

Cardholder Signature: **X** Date:

AGREEMENT: I hereby authorize school/sponsor to charge my credit card in the amount of **\$350.** (5-day) or **\$250.** (3-day), or **\$65.** (1/2-Day), and agree to pay the above charge in accordance with the card issuer agreement currently in effect. **TERMS:** Deposit is refundable if written cancellation is received by sponsor 30 days before class starts, less a \$35. administrative fee. *Thank you.*

www.VodderMLD.com OFC: 510.849-1388

May be filled out on screen, saved, emailed.

I hereby state that the above is true and correct in all aspects. Applicant signature here:

X

Date: _____

MAIL TO: **1791 Solano Ave #A8**

Berkeley CA 94707

FAX TO: 510. 558-8363

EMAIL: GayLee@VodderMLD.com

I am aware of the Student Agreement I will be required to sign before I receive my Certificate of Completion.