



MATRIX INSTITUTE

Division of Wellness Systems Inc.

INTRODUCTORY PROGRAM ENROLLMENT FORM

Please fax or mail this form as indicated below

REGISTRANT NAME			
PROFESSIONAL DESIGNATION			
ADDRESS		City	
		Prov / State	
	Postal Code / Zip		Country
PHONE NUMBERS			
EMAIL			
Designation	<input type="checkbox"/> RMT <input type="checkbox"/> DC <input type="checkbox"/> DO <input type="checkbox"/> ND <input type="checkbox"/> MD <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> DVM <input type="checkbox"/> DDS		
How did you hear about Matrix Repatterning?			

SEMINAR & DATE	PRICE
<input type="checkbox"/> MATRIX INTRODUCTORY PROGRAM (MRI) March 7, 2012 Canadian Massage Therapy Conference	2011- Show Special: \$129 (taxes included)

PAYMENT METHODS			
<i>All prices include GST. GST Registration # 892058298</i>			
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASH

<input type="checkbox"/> M/C	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
CARD #:		EXPIRY: mm/yy

All cancellations will be subject to a charge of 15% of the original course fee unless requested within 5 business days of enrolment

REGISTRANT SIGNATURE	
*I hereby agree to pay Wellness Systems Inc. according to the terms of payment listed above.	X

PLEASE PRINT AND COMPLETE THIS FORM AND MAIL OR FAX TO:

Matrix Institute
67 Prospect St.
Newmarket, Ont L3Y 3T1

OR

FAX to
(905) 726-8575