



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 REPATTERNING INTRODUCTORY PROGRAM (MRI) February 8, 2012: 12:30pm - 8:00pm	\$ 149 (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 enrollment

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 Wellness Centre
67 Prospect Street
Newmarket, ON L3Y 3T1

OR

FAX to
(905) 726-8575