MUSCULAR WELLNESS INSTITUTE
Belmont, 532 Union Rd, NH 03220

Seminar/ Workshop Registration Form

Name:_____

Professional Lic. #: _____ State: ____

Address:_____

City:_____State: _____Zip: _____

Phone #:(H)_____ Cell.#:_____ Email:_____

How did you find out about the course:_____

Course Name:_____ Dates: _____
Amount of course: _____ Deposit _____

Course Name:_____ Dates: _____
Amount: of course: _____ Deposit _____

**Minimum deposit required to hold your space is $100 (UNLESS NOTED OTHERWISE). Deposits are fully refundable up to two weeks prior to the start date of the program and transferable if cancellation is less than two weeks prior to the start date, a $25 admin fee will be deducted for all transferred deposits. All transferred deposits must be applied to another program within a year. Deposits are refundable in full if MWI has to cancel a program for any reason.

Send in your check with this registration form made payable to:
Jeff Mahadeen
532 Union Rd
Belmont, NH 03220

We also accept Visa & MasterCard.
Credit Card #:__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Exp: ___/___
CVVV2 # _____ (3 digit # on the back of the credit card)
Cardholder Name:_____Signature:_____

To contact MWI:
(603) 520-5445 www.MuscularWellnessInstitute.com