New York College of Health Professions Continuing Education Department

COURSE REGISTRATION FORM

New York College of Health Professions
6801 Jericho Turnpike, Syosset, NY 11791
Attn: Continuing Education
Phone: (516) 364-0808 ext. 130 Fax:516-364-0989
E-mail: continuinged@nycollege.edu

Name: _____ **Date:** _____

Address: _____ **City/State/Zip:** _____

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E-mail Address: _____

☐ General Public ☐ Senior Citizen (65 +)

I'm a New York College of Health Professions: ☐ Student ☐ Faculty ☐ Staff ☐ Alumni year

Licensure: ☐ LMT ☐ LAc ☐ RN ☐ Other (please specify) _____

Florida Massage License Number (to receive CE credit in Florida) _____

Course Code	Course Title	Course Date (s)	Fee

Method of Payment: **Total Enclosed $**_____

☐ Cash ☐ Check #_____ ☐ Money Order

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Refund/Cancellation Policy: In the event of cancellation by the registrant, a full refund, less a $20.00 processing fee, is given if the request is made at least 14 business days prior to the seminar. No refunds or credits are issued after this time. If a class is cancelled by the College, a full refund will be issued.