

# Matrix Institute

## Introductory Seminar Enrollment

STAFF USE ONLY	DATE:	STAFF ID:
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REGISTRANT NAME	
PROFESSIONAL DESIGNATION	<input type="checkbox"/> AT <input type="checkbox"/> DC <input type="checkbox"/> DO <input type="checkbox"/> DVM <input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> RMT <input type="checkbox"/> Other (please specify) _____
ADDRESS	
PHONE NUMBERS	
EMAIL	
REFERRAL SOURCE	

COURSE, DATE	TUITION FEE
<input type="checkbox"/> MATRIX REPATTERNING INTRODUCTORY SEMINAR  <input type="checkbox"/> September 13, 2008	<b>\$297 CAD</b> (taxes included)

<input type="checkbox"/> Credit card	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Traveler's Checks	<input type="checkbox"/> Cash
Credit Card M/C   VISA   AMEX	Card #			Expiry
SIGNATURE				