

Certificate in Tantra Massage

Enrolment Form

Given Name: _____ Family Name: _____

Postal Address: _____

Telephone: _____ Fax: _____ Cell/Mobile: _____

Country of Origin: _____ Date of Birth: / /

Sex: _____ Email: _____

Emergency Contact: Name: _____ Phone: _____

Please tick which course you would like to enroll for:

SPECIAL CLUB TANTRA RATES:

Certificate 123 0 \$1200

Master Classes 0 \$1200

Tantric Sex 0 \$600 note: you need to bring own partner

Do you plan to Work For Yourself? 0 no 0 yes If so, location: _____

Have You Had and Prior Massage Training? 0 Yes 0 No

If So, Please provide Details:

Do You have a massage table to bring to training? 0 Yes 0 No

Do You Have a partner to bring with you to training? 0 Yes 0 No

If not, would you be ok with us allocating a partner for you? 0 Yes 0 No

Do you have any allergies or other health problems?

Any special requests during your training?

For Cash Payments, please call Melbourne Centre 03 98242261 and arrange a time to make payment.

Enclosed is my Bank Cheque

NB. Please make all monies payable to International Institute for Natural Therapists .

Please allow 7 days for processing cheques. Payment must be clear prior to course commencement.

* I enclose Payment of \$ _____

Enclosed is my credit card payment

Type of Card: _____

Name on Card: _____

Card Number: _____

EXP: /

PLEASE NOTE: 48 hours notice is required for cancellations.

Please Print and Send to : IINT together with your payment.

Postal address: Suite 4/ 230 Toorak Road, South Yarra, Vic 3141 Tel: 03 9824 2261

Please Email: tantra@y7mail.com if you would like to arrange a payment Plan.