

A Nurturing Touch
Clinic of Massage & Reflexology
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Individual Class Registration Form

Name as it should appear on certificate(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

Email: _____

Class(es) to Register. A complete list of class offerings is posted on the website. Full payment is required for the registration process to be complete AND to hold a seat in class. Indicate the date you intend to attend for EACH class:

Payment type: check cash *credit card (see below)*

If paying with a credit card, please go online to www.anurturingtouch.com and click on the Class Registration & Service Offerings page. Click the RED link at the top to register using your credit card processed by PayPal.

Would you like to be contacted by other participants from your area for car-pooling options to attend class? Yes No

If YES, may I share your contact information? Yes NO

If completing this form to submit via mail, please send your cash/check payment along with this form to the address listed above.