

# **TCM and Neuro Foot Reflexology Certification Course Registration**

**Name**

**email**

**Phone #**

**Are you a licensed massage therapist needing NCBTMB CE credits?**

**Tell me a little something about yourself:**

\_\_\_\_\_ I am enclosing the amount of \$  
for Module(s) \_\_\_\_\_.

**Please send check or money order payable to:**

**Tacy Apostolik  
15 Cams Way  
Weaverville, NC 28787**

\_\_\_\_\_ I am paying by credit card.

***I look forward to spending this study time with you.***

***Thank you!***

***Tacy***

