

SAGE CONTINUING EDUCATION FOR MASSAGE THERAPY & THE HEALING ARTS, LLC

NCBTMB Organization Provider # 451426-10

Group/Business Agreement

Date _____

I/We agree to have _____, educator for Sage Continuing Education for Massage & the Healing Arts, LLC, travel to my/our place of business (name) _____

Located at (address) _____

on (date) _____ from (time) _____ am/pm until _____ am/pm.

Class(es) to be taught:

I/We agree to send separate registration forms and full payments for each student at least one week prior to class start date.

I/We understand the payments are non-refundable, and have read and agree with the cancellation policy below and the disclaimer, located on the Individual Continuing Education Registration Form.

Refund/Cancellation Policy

All classes must be paid for in full before the first day of class. If student has registered/paid for, but is unable to attend the class, he/she will receive credit to take that same class at a later date. No cash will be refunded. Consumer is responsible to locate & register for alternate class on his/her own.

Cost of Class: \$ _____

Travel Cost: \$ _____

Group Discount (if any) _____

Grand Total: \$ _____

Cost per person: \$ _____

Signed _____ Date _____

(Owner of business or Coordinator of class)

Phone # _____ Email _____

Signed _____ Date _____

(Instructor, Sage Continuing Education for Massage Therapy & the Healing Arts, LLC)

Please mail to:

Sage Continuing Education Center 719 Olde Hickory Road Suite B Lancaster, PA 17601