

Energy Medicine 2-Day Weekend Workshop Event Enrollment Form

Pia Romano - Program Leader
Licensed Instructor
Victoria Merkle Center of Energy Medicine

Name _____ Birthdate _____
Address _____
City _____ State _____ Zip _____
Home (_____) _____ Cellphone (_____) _____
Email _____

Sat., Oct. 13, 2018 9am – 5pm
Sun., Oct. 14, 2018 9am – 5pm
(North County San Diego)

Please check your registration option:

_____ Early registration (up to 2 weeks prior to Workshop date) \$275
_____ Registration thereafter \$350

Charge to my _____ Visa _____ MasterCard Amount \$ _____
Account# _____ / _____ / _____ / _____
Expiration _____ CVV code _____
Authorized Signature _____

OR YOU MAY PAY BY CHECK AND SEND TO THE ADDRESS BELOW
CHECKS MUST BE RECEIVED 14 DAYS BEFORE START DATE OF THE EVENT

Send completed form and payment to:

Pia Romano
2090 Balboa Circle. Vista, CA 92081
858-635-1200

psromano24@gmail.com

I understand that the Cancellation and Refund Policy is that there are no refunds once the program begins. I may cancel for any reason up to the start of the Program and receive full refund. Refunds will be paid by check and issued within 2 weeks of the request. I have read and understand this Enrollment Agreement and I acknowledge that no verbal statements have been made contrary to that which is contained in this Agreement. We reserve the right to make any necessary adjustments to the curriculum, course offerings, class hours, scheduled starting dates, equipment and organization, as it deems necessary. If for any reason the class is not held, a full refund will be given immediately.