



AIS Northwest, LLC
REGISTRATION

Use this form to register for a Manual Ligament Therapy class.

Name of Class you are registering for: _____

Date of Class you are registering for: _____

Name*: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ E-Mail: _____

Massage Lic. No.: _____

Payment amount: _____

*As you would like your name to appear on your certificate.

If you prefer to mail in your payment, make your check payable to **AIS Northwest**.

Mailing address: AIS Northwest, 960 Harris Avenue, Suite #207, Bellingham, WA 98225

Admin Use Only