



MATRIX INSTITUTE
Expanding the Horizons of Well-being

REGISTRANT NAME		
ADDRESS		
		Zip/PC
PHONE NUMBERS		
EMAIL		
DESIGNATION	<input type="checkbox"/> CMRP	

Please complete this form and submit it to the Matrix Institute or FAX to: 905-726-8575

REFRESHER TRAINING MODULES	TOTAL PRICE**
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MATRIX REPATTERNING Refresher Modules	Circle the module(s) you wish to attend. MRL MRU MRC MRV ** Cost: \$497 per module (taxes included) \$397 if payment received 30 days prior to Seminar start date. ** Refer to the course schedule: www.matrixrepatting.com/Pr_courses
MRL: Lower Quadrant MRU: Upper Quadrant MRC: Cranium MRV: Visceral Fascia	

*Eligibility for Certification in Matrix Repatterning requires successful completion of the Advanced Training Program and fulfillment of all other Certification Requirements as set forth by the Matrix Institute.
**All fees include HST

PAYMENT OPTIONS (STAFF TO FILL IN)

PAYMENT	TOTAL AMOUNT \$ _____	DATE _____
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER
	<input type="checkbox"/> TRAVELLER'S CHECK	<input type="checkbox"/> CASH

CREDIT CARD M/C VISA AMEX	CARD #:	EXPIRY:
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Cancellation and Refund Policy:
Notice is required for all training program cancellations. All cancellations will be subject to a charge of 15% of the original course fee unless requested within 5 business days of enrollment.

I agree to the terms of payment listed above.	_____ SIGNATURE
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