

REGISTRATION FORM

American Institute of Alternative Medicine

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East Brunswick, NJ 08816

Phone: 732.651.6060 Fax: 732.651.6033

STUDENT REGISTRATION
FOR MEDICAL MASSAGE
AND SPA THERAPY
PROGRAM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Date of Birth _____

Occupation _____

Employer _____

Address _____ Phone _____

Send this completed registration to the school.

You will be contacted to visit the school and meet with the Director.

A copy of this registration form is available for download on our website

<http://www.massageschoolnewjersey.com/AIAMNJ/registration.html>

Classes begin three times a year!



Thank You