

MASSAGE THERAPY



Registration Information

Eligibility for the Training Program

- Massage therapists
- Spa workers
- Care givers
- Nurses
- Physical therapists
- Anyone who needs to learn massage therapy

Application for Admission

- Application form must be completed in full, to be typed or printed legibly
- Photocopy of Valid Identification Card
- 2x2 ID picture (white background)
- If you have questions please call the office of admissions at
 - **+63 33 3291916(Iloilo) +632 9594881(Quezon City)** or email us **remnant_institute@yahoo.com**

Training Fee

- Course tuition P6,500.00

REGISTRATION, PAYMENT, CONFIRMATION AND REFUND POLICY

Registration for training programs can be done onsite or via online registration system. To register, please visit the course website.

Upon receipt of your paid registration, an email confirmation from our office will be sent to you. Be sure to include an email address that you check frequently. Your email address is used for critical information, including registration confirmation, evaluation, and certificate. Refunds, less an administrative fee of P500, will be issued for all cancellations received two weeks prior to start of the course. Refund request must be received by email or postal mail.

ACCOMMODATIONS

The Center has guest rooms to accommodate our students who prefer the main office as the training venue. Choice between private room and shared dormitory room can be booked ahead of your scheduled training for guaranteed reservation.

Private room -- P600/night
Dormitory (Minimum of 5 persons) -- P300/night

Remnant Institute also operates a Vegetarian restaurant where healthy food is served. Reservation or request for other menu can also be done by request.

Massage Therapy

Admission Form



GENERAL INFORMATION

Name FIRST MIDDLE LAST

Birth Date Birth Place Civil Status Citizenship Occupation

Present Address

Home Phone Office Phone Phone Email address

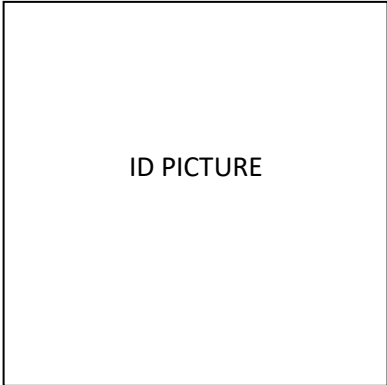
ACADEMIC INFORMATION

List below all institutions attended starting from the most recent.

Institution	City/State/Country	Degree Earned	Dates Attended

CLINICAL FIELD/EXPERIENCE IN MASSAGE THERAPY

Institution	City/State/Country	Position	Dates of Service



Signature over Printed Name