



OREGON CLASS REGISTRATION FORM

My name _____ Best phone number to reach me at: _____

The name I like to be called _____

My address: _____

My email: _____ (this is the primary way we keep in touch with you)

How you would like your name to appear on the Class Roster? _____

Please check each class for which you would like to register:

- ___ C1 with David Kaminker - April 4-7, 2024
___ C1ACC with David Kaminker - April 10, 2024
___ C2 with David Kaminker - April 11-14, 2024
___ Craniosacral Anatomy with Rebecca Mae Bacon - September 08-10, 2024
___ C1 with Hugh Milne - September 12-15, 2024
___ C1ACC with David Kaminker - September 18, 2024
___ C2 with Hugh Milne - September 19-22, 2024
___ Women's Work with Rebecca Mae Bacon - September 27-29, 2024
___ C2ACC with David Kaminker - October 2, 2024
___ C3 with Hugh Milne - October 03-06, 2024
___ C3ACC with David Kaminker - October 9, 2024
___ C4 with Hugh Milne - October 10-13, 2024
___ C5ACC with David Kaminker - October 16, 2024
___ C6 with David Kaminker - October 17-20, 2024

(To register for classes with Rebecca Mae Bacon please contact here at info@milneinstitute.com)

1. The Milne Institute offers continuing education courses for qualified practitioners, who are practicing within the scope of their profession and within the legal parameters of their place of practice. Milne Institute courses cannot be used as primary education or as educational hours towards initial licensure and certification. I understand this statement and attest that I am qualified in my field and that I am practicing within all legal regulations with regards to professional massage and bodywork practice in my own state or country. Initial ___ Date ___

2. Class Prerequisites - I certify that I have completed a minimum of 150-hours of massage certification or other professional manual therapy training. Please specify your training, and add your signature and date of signing,

Training _____ Signature _____ Date _____

- C2 - Initial here ___ if you have successfully completed the VCSW C1 class.
C3/C4 - Initial here ___ if you have successfully completed the VCSW C1 and C2 classes.
C5/C6 - Initial here ___ if you have successfully completed VCSW C1 - C4 and submitted a minimum of 30 Client Records (3 supervision sessions). Please include a photocopy or scan of your Dance Card.
C7 - Initial here ___ if you have successfully completed the VCSW C1-C6 classes. You also must be on the Certification Track and have submitted at least 40 Client Records (4 supervision sessions). Please include a photocopy or scan of your Dance Card.
Visceral Manipulation - Initial here ___ if you have successfully completed the MII C1 and C2 classes.

C1-C7	4-Day Classes	Cost: \$850	Deposit: \$250	Balance: \$600
Visceral Manipulation	4-Day Class	Cost: \$850	Deposit: \$250	Balance: \$600
Pediatrics	4-Day Class	Cost: \$850	Deposit: \$250	Balance: \$600
Visionary Work	3-Day Class	Cost: \$575	Deposit: \$250	Balance: \$325
The Brain	4-Day Class	Cost: \$850	Deposit: \$250	Balance: \$600
Craniosacral Anatomy	3-Day Class	Cost: \$575	Deposit: \$250	Balance: \$325
C1-C7 Advanced Content Classes	1-Day Classes	Cost: \$225	Deposit: \$100	Balance: \$125
Four-Part Exam Sequence		Cost: \$600	Deposit: \$250	Balance: \$350

Your deposit is due with your registration. If you do not make a deposit, your registration cannot be accepted. No refunds are given for any reason, including travel difficulties, inclement weather, and medical or family emergency.

- Please initial and date here, that you have read and fully understand this deposit and payment policy.
Initial _____ Date_____

Your balance is due no later than 28 days before class starts. Please **do not** purchase a non-refundable travel ticket of any kind until you have been notified that the class is a “Go,” which will occur no later than 28 days before the scheduled start of the class. Please purchase travel insurance, which may help you secure emergency help in the case of weather-related flight cancellation(s).

Payment amount: \$ _____

Please check one:

- **Check** in US dollars drawn on US bank or US domestic money order made out to: **“David Kaminker”**

Mail payment and registration to: **325 A Street, Suite 3, Ashland, OR 97520**

- **Zelle** : Send payments to **DAVID KAMINKER - davidkaminker@gmail.com**
- **Venmo**: Send payments to: @David-Kaminker

* *There is an additional 2% processing fee for all Venmo payments. Please include this additional 2% with your Venmo payment.**

- **Visa/MasterCard/Discover** # _____ Exp. date ____ / ____ *
CVV code _____ Billing zip code _____
Name as it appears on the card _____
Cardholder’s signature _____

* *There is an additional 4% processing fee for all credit card payments. **

Balance (28 days before class): Check:_____ Zelle:_____ Venmo:_____ Please use the same credit card:_____

Registration: The successful outcome of these classes requires a serious commitment on the part of everyone involved. From our students we require a **non-refundable deposit** for each class, with the remainder due not later than 28 days prior to the first day of class. It is the student’s responsibility to make sure their payment and contact information is up to date with David Kaminker at the time of final payment to secure the student’s class space.

Deposits are non-refundable and non-transferable. Final payments are non-refundable and non-transferable for any reason, including travel difficulties, inclement weather, and medical or family emergency.

- Please initial and date here, that you have read and fully understand this deposit and payment policy.
Initial _____ Date_____

I have read and agree to the terms of this two-page Registration Form,

Signature Date