

# CEU ENROLLMENT AGREEMENT

NOVA TRAINING CENTER  
4231 Markham St #224  
Annandale, VA 22003  
TEL 703.266.2220  
Email  
[info@novatrainingcenter1.com](mailto:info@novatrainingcenter1.com)

## **STUDENT INFORMATION**

STUDENT NAME:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE #'S: H: \_\_\_\_\_ C: \_\_\_\_\_ W: \_\_\_\_\_

## **PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_/\_\_\_/\_\_\_  
MO. DAY YR.

License No & State: \_\_\_\_\_

## **TUITION**

THE TOTAL CEU COST OF THE *Therapeutic Massage* PROGRAM

TUITION:		TOTAL COST
1 CEU	\$25.00	-----
NON-REFUNDABLE REGISTRATION FEE:	00.00	
BOOKS/SUPPLIES:	00.00	
UNIFORM:	0.00	

My signature below signifies that I have read and understand all aspects of this agreement and do recognized my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_, 20

Signature of Student

Date

Signature of School Official \_\_\_\_\_

Date