

HealthQuest/St. John Seminars NMT Pro Enrollment Form

Date _____ Registration Information *(Please Print)*

Student Name _____

Mailing Address _____

Phone # _____ Email _____

Payment Options: *Please Check applicable box then Sign & Return*

Enclosed is my payment \$2520.00 to complete my enrollment into the NMT Pro. I will pay for testing onsite.

Enclosed is my payment \$2770.00 to complete my enrollment into the NMT Pro. This includes testing fees due at *NMT FAST TRACK*

Enclosed is my deposit plus shipping costs \$1510.00. This will start my enrollment into the NMT Pro. I agree to make 5 additional payments, which will include a \$250.00 convenience fee, over the next 12 months to complete my enrollment. I give permission to *St. John Neuromuscular Seminars* to charge my credit card every 30 days beginning on or after 1st of the month for 5 payments of \$302.00 until the full balance of \$1510.00 is paid in full. I understand that this does include the \$250 testing fee.

I UNDERSTAND THAT THE NMT PRO IS NON-REFUNDABLE AND NON-TRANSFERABLE, I ACCEPT THE TERMS OF THIS PROGRAM.

Signature _____ Date _____

Payment Method: *Please Check applicable box then Sign again if using Credit Card.*

Check # _____ Enclosed for \$ _____

Charge my: VISA MC AMEX DISCOVER

Card Number _____ Exp. _____

Card Holder Signature _____

Return with Payment to St. John Seminars at:
6565 Park Blvd, FL 33781 / Phone: 888-668-4325 / Fax: 727-547-0962
For more information about courses, Please visit www.stjohnseminars.com