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| **TOP I** REFLEXOLOGY FOR THE TREATMENT OF PAIN Reflexology with Effort, Motion & Ice  **REGISTRATION FORM**  TO FILL AND SEND IT TO: **KRUCHIKINSTITUTE@GMAIL.com** | | | | | | | | | | | | | | | | | |
| **SECTION I** REGISTRATION FEES. TICK YOUR CHOICE WITH AN X IN THE CORRESPONDING BLANK SPACE | | | | | | | | | | | | | | | | | |
| FOR REGISTRATION FORMS AND PAYMENTS RECEIVED | | | | EARLY BIRD | | | | | | | | REGULAR FEE | | | | | |
| PAYMENT RECEIVED UNTIL May 1st, 2024 | | | | | | | | PAYMENT RECEIVED AFTER May 2nd , 2024 | | | | | |
| TOP I  Reflexology for the Treatment of Pain – September 13th to 15th,  in Massachusetts – Venue to be determined. | | | | $ 540 | | | | |  | | | $ 580 | | | |  | |
| **SECTION II**  PAYMENT INFORMATION (please tick your choice and fill the blanks) | | | | | | | | | | | | | | | | |
| **WITH CREDIT CARD** | | | | | |  | | | | | | **WITH PAYPAL** | | | |  |
| CREDIT CARD CHARGES WILL BE PROCESSED IN U.S.DOLLARS ONLY | | | | | | | | | | | | Payments must be made to **innakai@yahoo.com** to be received in U.S. Dollars only (Please never accept a conversion to any currency) You may ask a payment request and this will be sent to you in U.S.Dollars | | | | |
| NAME OF CARDHOLDER | |  | | | | | | | | | |
| CARD NUMBER | |  | | | | | | | | | |
| EXPIRY DATE | |  | | CVV CODE | | | | |  | | |
| **SECTION III -** PERSONAL INFORMATION and CONTACT DETAILS | | | | | | | | | | | | | | | | |
| NAME and SURNAME  as you want it to appear in your certificate of attendance | | | | | | |  | | | | | | | | | |
| EMAIL ADDRESS |  | | | | | | Phone / WhatsApp number including country code | | | | | | |  | | |
| ADDRESS & ZIP CODE |  | | | | | | | | | | | | | | | |
| TOWN/CITY/REGION | |  | | | | | COUNTRY | | |  | | | | | | |
| REFLEXOLOGIST SINCE | | | | |  | | | | | | | | | | | |
| HAVE YOU EVER ATTENDED A COURSE WITH MAURICIO KRUCHIK, LIVE OR ONLINE | | | | | YES | | | | | |  | | NO | |  | |
| **SECTION IV -** CONDITIONS OF REGISTRATION AND CANCELLATION POLICY | | | | | | | | | | | | | | | | |
| 1 – The material of the courses will be sent to your email in PDF format before the course.  2 – It is possible that the courses will be accredited as a CPU course.  In case these are approved you will receive a diploma (certificate of attendance) at the end of the course stating its duration and the CPU awarded by the organization.  3 – Cancellation terms: Cancellation requests must be sent **by email only to**: [kruchikinstitute@gmail.com](mailto:kruchikinstitute@gmail.com)   |  |  |  |  | | --- | --- | --- | --- | | Courses cancelled by speaker | Cancellation requested by email before  April 15th, 2024 | Cancellation  requested by email between April 16th and May 31st , 2024 | Cancellation requested by email from June 1st and after | | Full refund | Total paid less administration fee  ($ 150) | Total paid less administration fee  ($ 250) | No refund |   4 – Payment with Credit Card – To *Moshe Kruchik* directly – Email: kruchikinstitute@gmail.com The fee to charge will be the fee indicated in Section I of this form, in U.S.Dollars.   5 – Payment with PayPal – To *Moshe Kruchik* directly – Email: kruchikinstitute@gmail.com If you chose to pay via PayPal, you will be able do this using U.S.Dollars only. No commissions apply. Please pay attention> Email account for PayPal is [innakai@yahoo.com](mailto:innakai@yahoo.com).   |  |  |  |  | | --- | --- | --- | --- | | **PAYMENTS WITH PAYPAL: IMPORTANT!!** *Payments sent through PayPal in AUD must arrive in AUD (Australian Dollars).*  Why do I emphasize this? When making the payment, PayPal will automatically offer you to convert your original payment into ILS (Israeli Shekels) or some other currency. At the moment of making the payment quickly, you would probably not notice this. Please pay attention, stop for a second if you see a new dialogue box, and select AUD to AUD. Please never accept a conversion option. The amount to arrive must be the indicated in the Registration Fee section, above in this form. Thank you for your co-operation and understanding.   7 – CONFIDENTIALITY GUARANTEED - All the information you provided on this form will be kept in strict confidentiality.  SIGNATURE  **With my name as my signature**, I hereby declare that all the information I provided is correct and that I've read and agreed to all the general conditions of the course. | | | | | Given Name |  | Surname |  | | Place & date ( Example: Perth, January 2nd, 2024) | |  | | | | | | | | | | | | | | | | | | |