

Ireland 2027 Visionary Craniosacral Work 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 would you like your name to appear on the Class Roster? _____

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

_____ **Cranial 1 The Foundational Cranial Class with David McCauley** – June 24-27th, 2027

_____ **Cranial 1 Advanced content class with David McCauley**– June 30th, 2027

_____ **Cranial 2 with David McCauley** – July 1st-4th, 2027

_____ **Cranial 2 Advanced content class with David McCauley**– September 15th, 2027

_____ **Cranial 3 with David McCauley** – Sept 16-19th, 2027

_____ **Cranial 3 Advanced content class with David McCauley**– September 22nd, 2027

_____ **Cranial 4 with David McCauley** – Sept 23-26th, 2027

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, shiatsu, or other hands-on therapy, or 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 Physical therapy, manual therapy, shiatsu training or equivalent. Please specify your training, and add your signature and date of signing,

Training _____ Signature _____ Date _____

4-Day Cranial Classes –Total: €750 Deposit: €250 Balance €500

1-day ACC/Review classes - Total: €200 Deposit: €75 Balance €125

****Please note these prices do not include an additional €85 for 4 days of hot lunches GF meat/veg***

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, medical or family emergency, or bereavement.

- 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).

Please specify your payment amount and tick a payment method: € _____

____ Bank transfer to Irish bank account (EFT)

IBAN: IE05 AIBK 93014812 1590 35

BIC: AIBKIE2D

Sort no.: 93-01-48

____ Visa/MasterCard # _____ Exp. date ____ / ____

* CVV code _____

Billing zip/postal code _____

Name as it appears on the card _____

Cardholder's signature _____

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

____ Paypal* to davidpmccauley@gmail.com. Please include Paypal senders fee (2.9%)

Balance (28 days before class): paypal: _____ e-transfer: _____ 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 McCauley 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, medical or family emergency, or bereavement

- 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