Co. Clare, Ireland 2025 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 you would 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 – July 10-13th, 2025
Cranial 1 Advanced content	t class with David McCauley– July 16th, 2025
Cranial 2 with David McCau	Jley – July 17-20th, 2025
within the scope of their profession	nuing education courses for qualified practitioners, who are practicing on and within the legal parameters of their place of practice. Milne Institute
certification. I understand this sta	y education or as educational hours towards initial licensure and tement and attest that I am qualified in my field and that I am practicing gards to professional massage, shiatsu, or other hands-on therapy, or

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,

bodywork practice in my own state or country. Initial _____ Date_____

Training	Signature		Date		
Early discount registration for our Ireland classes available up until 11.59pm May 10 th 2025					
C1 4-Day Class – Total: €625	Deposit: €200	Balance €425			
C1 ACC 1-Day Class – Total: €165	Deposit: €65	Balance €100			
C2 4-Day class- Total: €625	Deposit €200	Balance €425			
Prices thereafter:					
C1 4-Day Class – Total: €750	Deposit: €250	Balance €500			
C1 ACC 1-Day Class – Total: €200	Deposit: €75	Balance €125			
C2 4-Day class- Total: €750	Deposit: €250	Balance €500			

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 <u>davidpmccauley@gmail.com.</u> Please include F	Paypal senders fee
Balance (28 days before class): paypal:e-transfer: card:	Please use the same credit

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