

Name:	Country of Residence:
MMS Student Number:	
Please list the classes you are registering for at this program:	
Are you paying the (please check one Deposit Balance Full Amount	·):
PAYMENT INFORMATION By completing this form you are indicating amount specified on the credit card provide	that you give Modern Mystery School full permission to process the ed below.
Amount authorized to be made at this	s time:
Credit Card: (Please circle one) VISA	MasterCard AmEx
Credit Card Number:	
Expiry Date:/ CVV (Securi	ity code):
Signature:	Date:
PLEASE READ AND <u>INITIAL</u> BESIDE	EACH STATEMENT:
Registration is complete upon plac	ing deposit.
Payments are non-refundable and intervention and legally mandated	non-transferable for ANY reason, with the exception of government changes due to Covid-19.
Classes added or changed at a later class or change to registration.	r date will be subjected to an additional administrative fee of \$50 per
All information must be filled out in	n full. Any missing information will delay your registration.
The remaining balance for the full	registration is due as indicated for the specific class.