

Erwin Technical Center
2010 East Hillsborough Ave.
Tampa, FL 33610

Invoice #: _____

Date: _____

To: _____

Student: _____

S.S.#: _____

Program: H120405-10 - Massage Therapy

Class: OCT 10 - OCT 10

Quin *	Item	Cost	Received	Date
	ACTIVITY FEE	\$5.00		
	ACCIDENT INSURANCE	\$12.00		
	APPLICATION FEE	\$10.00		
	LIABILITY INSURANCE	\$13.00		
	TEST FEE	\$3.00		
	DRUG SCREENING FEE	\$25.63		
	FIRST AID CERTIFICATION	\$5.90		
	FINGERPRINTING FEE	\$72.25		
	REQUIRED EXAMINATION:			
	LICENSURE EXAM: NATIONAL CERTIFICATION	\$225.00		
	FLORIDA LICENSE			
	FL. DEPT. OF HEALTH	\$205.00		
	TEXTBOOKS:			
1	MASSAGE THERAPY: PRINCIPLES & PRACTICE 1416031285	\$65.60		
1	TRAILGUIDE TO THE BODY/TEXT&WORKBOOK PACKAGE 9780977700653	\$61.30		
1	ANATOMY OF MOVEMENT 0-939616173	\$28.40		
	SUPPLIES:			
1	HEALTH CORE PORTFOLIO ITEMS	\$5.00		
1	GREEN GOLF SHIRT	\$20.65		
1	FLASH DRIVE VER95018	\$27.50		
2	RECOGNIZING HEALTH AND ILLNESS 9780965869003	\$30.00		
2	THE EDUCATED HEART 0-96741220X	\$35.60		
2	MARKETING MASSAGE 0-562537466	\$38.40		
2	MUSCLE FLASHCARDS - VOLUME II	\$21.95		
3	BUSINESS MASTERY 0-962126543	\$36.20		
	SUPPLIES:			
3	MERIDIAN FLOW WHEEL	\$15.00		
3	MERIDIAN LOCATOR	\$15.00		
4	COMPLETE REVIEW GUIDE 0-97119260X	\$19.95		

* Number preceding books or supplies indicates the Quinmester of enrollment they are needed.

I have received the books and bookstore items listed above and initialed by me and have read and agree to the following statement: I hereby authorize the ERWIN CENTER to bill the appropriate sponsoring agency for the cost of my books and fees as itemized above. In the event payment is withheld for any reason, I agree to pay these costs myself within 30 days from date of notification. ABOVE FEES ARE SUBJECT TO HILLSBOROUGH COUNTY SALES TAX.

Student Signature

Date