

Irene's Myomassology Institute
Self-Employment Documentation Form

1. Contact Information

- a. First and Last Name _____
- b. Address _____
- c. City _____
- d. State _____ Zip Code _____
- e. Email Address _____
- f. Phone Number _____

2. What date did you graduate? (MM/DD/YYYY) _____

3. By submitting this information, I attest that I am satisfied with self-employment as a massage therapist and that I am making training related income.

4. On average, I have the following number of paying clients per month _____