

WORKSHOP REGISTRATION

Name: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Occupation:

Movement Educator

Pilates

Yoga

Other

Gyrotonic®

Feldenkrais

Bodywork/Therapy

Physical Therapist

Chiropractor

Occupational Therapist

Other

Massage and Bodywork

Years of experience: _____

Workshop Title: _____

Workshop Date: _____

Name & title to be printed on the certificate:

Tuition Payment Options:

Credit Card

Credit Card # _____ Exp. _____ CVV # _____ Zip _____

Check Check # _____

Please send completed registration form to: Marie-José Blom - mariejose@pilatesinspiration.com