

**REGISTRATION FORM FOR ADVANCED SYSTEM WORKSHOP
WORKSHOP ON June 26th, 27th and 28th 2009, PRESENTED BY DAVID
FREEMAN AT THE PILATES INSTITUTE OF FT LAUDERDALE 3342 NE 32ND
ST. FT LAUDERDALE FLORIDA 33308. www.ThePilatesInstitute.Net Tel: 954-
537-2110**

**This Seminar will serve to meet the requirements of Continuing Education for the
New York Pilates Studio ® Teacher Certification Program**

PLEASE PRINT LEGIBLY

Last Name: _____
First Name: _____
Middle Initial: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Email: _____
Studio Name: _____
Studio Address: _____

Email: _____

COST: \$200.00 per day or \$500.00 for three days. Early Registration before May 30th
take 20% off.

**ALL PAYMENTS THROUGH PAY PAL ON WEBSITE
(WWW.PILATES-STUDIO.COM) AND AFTER PAYMENT FAX
REGISTRATION FORMS TO 954-467-6510 EMAIL QUESTIONS
TO USPA AT alternativets@aol.com**

* The United States Pilates Association reserves the right to change the seminar provider, time and
dates.

Signature _____

Print Name _____

Date: _____ -

* In the event that the Seminar is cancelled by the United States Pilates Association™ the full amount will be refunded
to the Registrant. Registrant may receive a 75% refund if registrant's cancellation notice is mailed to USPA, 3342 NE
32nd St Ft Lauderdale Fl 33308 and postmarked no later than 20 days prior to the scheduled date, otherwise the
payment is non refundable

You will be notified by email as to whether the seminar has been canceled. Unless registrant receives written
notification as to a cancellation, the seminar will proceed as scheduled