

**REGISTRATION FORM FOR CONTINUING EDUCATION WORKSHOP ON
November AND 7TH 2009, PRESENTED BY PETER FIASCA AT THE ART OF
CONTROL, SUNY @ PURCHASE COLLEGE, 735 ANDERSON HILL
ROAD, PURCHASE, NY 10577 from 10:00AM to 4:00PM
Telephone: 914 251 7842***

**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 (Studio): _____
Email (Registrant): _____

COST: \$190.00 FOR November 7, 2009

LESSONS WITH PETER: Please check appropriate box: ____ (workshop \$190 **after
Oct 20th \$ 220.**) ____ Duo \$75 per each). Class times will be assigned two weeks before
November 7th . Please make payment through www.artofcontrol.com to reserve.

**ALL PAYMENTS THROUGH PAY PAL ON WEBSITE
(WWW.artofcontrol.COM) AND AFTER PAYMENT FAX REGISTRATION
FORMS TO 203-938-9284 or by EMAIL**

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 TM the full amount will be refunded to the Registrant. Registrant may receive a 100% refund if registrant's cancellation notice is mailed to USPA, 3342 NE 32nd St Ft Lauderdale Fl 33308 and postmarked no later than October 22th, 2009, 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