

REGISTRATION FORM FOR ANATOMY SEMINAR “MECHANICS OF PILATES” GIVEN BY SEAN GALLAGHER* ON APRIL 18, 2009 AT THE NEW YORK PILATES STUDIO 311 West 43rd St, NY NY 10036 from 10:00AM to 4:00PM

Telephone: 212-245-8367

This Seminar will serve to meet the requirements of an Anatomy Seminar 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: _____

PAYMENTS SHOULD BE MADE DIRECTLY THROUGH **PAY PAL** ON THE WEBSITE ...WWW.PILATES-STUDIO.COM.

COST \$250.00

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

ALL PAYMENTS THROUGH PAY PAL ON WEBSITE 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