

REGISTRATION FORM FOR AUTHENTIC PILATES™ INTERMEDIATE WORKSHOP GIVEN BY BRETT HOWARD* ON APRIL 3,4,5, 2009 AT THE PILATES INSTITUTE OF FT LAUDERDALE, 3342 NE 32ND ST, FT LAUDERDALE FL 33308 from 9:00AM to 5:00PM EACH DAY Telephone: 954-537-2110, www.ThePilatesInstitute.Net

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 PER DAY \$500 FOR THREE DAYS**

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

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.

** Instructors certified in the New York Pilates Studio Teacher Certification Program 10% discount

Signature _____

Print Name _____

Date: _____ -