

REGISTRATION FORM

Subject of Workshop/Seminar: _____

Dates of Workshop: _____

Name of Presenter: _____

Location of Workshop: _____

Email/Tel # of Location: _____

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: _____

COST: \$200.00 per day or \$500.00 for three days.

Early Registration Date: **November 22** - take 20% off.

**ALL PAYMENTS THROUGH PAY PAL ON WEBSITE
(WWW.PILATES-STUDIO.COM) click on Workshop/Seminar link**

**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. If Registrant cancels, a full refund will be made if notice of cancellation is postmarked no later than 20 days prior to the scheduled date (mailed to U.S.P.A. 1500 East Broward Blvd, Suite 250, Ft Lauderdale, FL33301, 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

