BACK IN MOTION PILATES COURSE REGISTRATION FORM 2017

Participant Details (Print Clearly):				
First Name:		Last Name:		
Postal Address:_				
Phone Number: (hm)		_ (wk / mob)		
Email:				TM
Course information will be sent to you prior to the course via email unless requested otherwise.				
Course Details (please Tick):				
Course	Venue	Date		
Level I Mat	Dunedin	25 th /26 th	March	
Level II Mat	Dunedin	27 th /28 th	May	
Level III Mat	Dunedin	26 th /27 th	August	
Certification (Applications for certification close 30 November 2017. Paperwork needs to be sent to address below)				
Payment Details (please Tick):				
Service \$220 Certification Other (specify)				
\$1810 Combination Rate for mat courses inc. certification, does not include machine courses				
(Paid in full 4 weeks prior to first course)				
Payment Options:				
Cheque (Payable to Back in Motion Physiotherapy and Pilates Ltd)				
Card Number:				
Name on Card		Expiry	Date:	
Signature		Date:		
In order to register, payment must accompany the registration form and be received 4 weeks prior to the course. Cancellation fees apply.				
Back in Motion Pilates Studio, PO Box 6044, Dunedin North				

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