



## Mind/Body Professional Training Registration Form

Date of Training: \_\_\_\_\_

### Personal Information:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Professional Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear of the training program? \_\_\_\_\_

### Method of Payment:

Amex \_\_\_\_\_ M/C \_\_\_\_\_ Visa \_\_\_\_\_ Other \_\_\_\_\_

Card no. \_\_\_\_\_ xp \_\_\_\_\_

Name on card \_\_\_\_\_

### Cost for the training (please check all days you would like to attend):

- Day 1 - \$300 \_\_\_\_\_
- Day 2 - \$700 \_\_\_\_\_
- Day 3 - \$700  X (mandatory)

**Total Cost \$ \_\_\_\_\_ (Total for all 3 days = \$1,700)**

Please fax to (781) 370-2330.

For questions, please call (781) 434-6578.