



130 2nd Avenue, Waltham, MA 02451
(781) 434-6578 FAX (781) 370-2330
www.domarcenter.com

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:

- Day 1 - \$300
- Day 2 - \$700
- Day 3 - \$700
- **Total = \$1,700**

Total Cost \$ _____

Please fax back to (781) 370-2330

You may also mail this registration form and your CV/Resume to Domar Center for Mind/Body Health, Attn: Professional Training Registration, 130 2nd Ave, Waltham, MA 02451

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