

REGISTRATION FORM

Name: _____ Phone: _____
Home Cell

Address: _____
Street City State Zip Code

Email: _____ (this will be the primary contact method)

Registration is for: Visceral Mobilization Seminar 2
Taught by Benjamin Katz
March 15-17

Location: 1203 Radcliffe Drive Davis Ca. 95616

Time: 9:00 am – 5 pm

Cost \$350.00

Deposit is due with registration; balance due no later than 30 days before class starts. Confirmation and detailed class location, travel, and accommodation information will be sent upon receipt of your registration. If you have any questions, please contact me at benitok12@gmail.com Tel# 530 220 3690

Payment amount: \$ _____

Payment:

*Make the check or money order out to “*Benjamin Katz*” (address below)

This Registration form may be returned via an email attachment (benitok12@gmail.com) or by mail

Mailing Address: 1203 Radcliffe Drive, Davis, CA 95616

Phone # 530 220 3690

****Registration Policy:**

- 20% of class fee is due upon registration (\$70.00); Balance due 30 days prior to the first day of class.
- We reserve the right to cancel classes not meeting minimum participant requirements by 25 days before the class.
- If the class is cancelled for any reason by presenters, all class fees paid will be refunded.
- ***Enroll early – class size is limited!***

I have read and agree to these terms: (Please type your name and the date if you are returning this an e-mail attachment)

SIGNATURE

DATE