



STOTT PILATES®
Pilates South Texas

STOTT PILATES® WORKSHOP APPLICATION

SUBMIT your application to: Center Pose, Inc. d/b/a Pilates South Texas, 5151 Katy Freeway, Suite 140, Houston, Texas 77007
T: 713.861.6770 F: 713.861.6775 http://www.pilatessouthtexas.com

CONTACT INFORMATION

First Name:		Last Name:	
Company Name (if applicable):			
Address:			
City:	Prov. / State:	Country:	Postal / Zip Code:
Phone (Home):		Phone (Mobile):	
E-mail #1:		E-mail #2:	

WORKSHOP REGISTRATION

Applications must be accompanied by full payment of the registered workshop(s). Space is limited and applications will be processed on a first-come-first-served basis. **Space will ONLY be reserved upon the receipt of all application materials and full payment of the registered workshop(s).** Prices are subject to change without notice. Fees for workshops do not include applicable taxes.

REFUND/CANCELLATION POLICY FOR WORKSHOPS: Receive studio credit for the amount paid by client for a single workshop if request is made within 3 weeks of workshop date. No refunds, transfers or studio credits within 7 days of workshop date.

WORKSHOP TITLE(S) AND DATE(S) (see workshop schedule)

PERSONAL INFORMATION

Do you have any injuries, conditions (including current or recent pregnancy) or postural issues that may affect your performance during the workshop(s)? (Medical clearance may be required).

How did you hear about STOTT PILATES® and STOTT PILATES® Education at Pilates South Texas?

Are you using this course to fulfill continuing education credits?

Yes If Yes, for which organization | |

STOTT PILATES® Certification Status?

Mat, Level 1 or Level 1&2; **Mat & IR, Level 1 or Level 1&2;** **Mat, IR & CCB, Level 1 or Fully Certified**

No If No, what Certification Course(s) taken?

STOTT PILATES® Intensive Certification Course(s) Taken? **IMP;** **IR;** **ICAD;** **ICHR;** **IBRL** **XMG;** **XRG**

STOTT PILATES® Advanced Certification Course(s) Taken? **AM;** **AR;** **ACAD;** **ACHR;** **ABRL;** **ISP**

Other Pilates Method (Trained and/or Certification) Status? | |

I hereby certify that the information provided on this application is accurate. I understand that failure to provide accurate information may result in my removal from the certification and/or workshop program.

I, STOTT PILATES® Workshop Applicant have included the following:

Full Payment, non-transferable and non-refundable of the registered workshop(s)
Applications that do not include full payment will not be processed.

Signature: | | **Date:** | |

PAYMENT METHOD: | | Payment amount

Select one:

Check, | | Check # Money order Visa MasterCard American Express

(Check payable to Center Pose, Inc.)

Name on Card: | |

Account Number: | | **Expiration Date:** | | **CVC Code:** | |

Signature: | | **Date:** | |

(I authorize Center Pose, Inc., d/b/a Pilates South Texas to charge the above account number for the payment indicated above)