



WORKSHOP REGISTRATION

SUBMIT your application to: Center Pose, Inc. d/b/a Pilates South Texas, 1934 West Gray, Suite 211, Houston, Texas 77019
 T: 713.520.7710 F: 858.429.5868 http://www.pilatessouthtexas.com

CONTACT INFORMATION

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

PERSONAL INFORMATION

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

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

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Are you using this course to fulfill continuing education credits?

<input type="checkbox"/> Yes If Yes, for which organization _____ STOTT PILATES® Certification Status? <input type="checkbox"/> Mat, L1; <input type="checkbox"/> Mat, L1&2; <input type="checkbox"/> IR, L1; <input type="checkbox"/> IR, L1&2; <input type="checkbox"/> Mat & IR, L1; <input type="checkbox"/> Mat & IR, L1&2; <input type="checkbox"/> Mat, IR & CCB, L1; <input type="checkbox"/> Mat, IR & CCB, Full <input type="checkbox"/> No If No, what Certification Course(s) taken? STOTT PILATES® Intensive Certification Course(s) Taken? <input type="checkbox"/> IMP; <input type="checkbox"/> IR; <input type="checkbox"/> ICAD; <input type="checkbox"/> ICHR; <input type="checkbox"/> IBRL <input type="checkbox"/> XMG; <input type="checkbox"/> XRG STOTT PILATES® Advanced Certification Course(s) Taken? <input type="checkbox"/> AM; <input type="checkbox"/> AR; <input type="checkbox"/> ACAD; <input type="checkbox"/> ACHR; <input type="checkbox"/> ABRL; <input type="checkbox"/> ISP Other Pilates Method (Trained and/or Certification) Status? _____

REGISTRATION PROCEDURE

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. Each workshop will hold a maximum of 18 students *only*. **Space will ONLY be reserved upon 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 for a single workshop if request is made within 2 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 on PST website)

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Registration Fee for Hosting Facility in Dallas, Texas:

Early Registration **By** March 18, 2012: \$90.00 per STOTT PILATES® Workshop
 Registration **After** March 18, 2012: \$110.00 per STOTT PILATES® Workshop

Registration Fee for PST Education Conference:

Early Registration **By** July 1, 2012: \$90.00 per STOTT PILATES® Workshop; \$165.00 per Non-STOTT PILATES® Workshop
 Registration **After** July 1, 2012: \$110.00 per STOTT PILATES® Workshop; \$185.00 per Non-STOTT PILATES® Workshop

Full Payment for 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)