

PILATES SOUTH TEXAS

STOTT PILATES® CERTIFICATION TRAINING CENTER

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 or Fax 713-861-6775
 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? (Medical clearance may be required).

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How did you hear about STOTT PILATES® and STOTT PILATES® Education?

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Are you using this course to fulfill continuing education credits?

<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for which organization
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Are you STOTT PILATES® Certified Instructor?

<input type="checkbox"/> Yes, <input type="checkbox"/> Mat, Level I <input type="checkbox"/> Mat & IR, Level 1 <input type="checkbox"/> Mat, IR, CCB, Level 1 <input type="checkbox"/> Level 1 & Level 2 _____
<input type="checkbox"/> No, Courses(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"/> AM <input type="checkbox"/> AR <input type="checkbox"/> ACAD <input type="checkbox"/> ACHR <input type="checkbox"/> ABRL <input type="checkbox"/> ISP

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 the above requirements will not be processed.

Signature: _____ Date: _____

PAYMENT METHOD

Full payment _____ Payment amount

Select one: Check, _____ Check # Money order Visa MasterCard

(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 full payment indicated above)