



Body Balance and Beyond

Physical Fitness and Wellness Center

Course Registration Form

Name (PLEASE PRINT): _____

Date: _____

PT/PTA License Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail (PLEASE PRINT): _____

Course Name: **CSP 1 – Foundation training**

Course Date: _____

Price per person, per course:

Single registration: \$575

More than 3 registrants: \$540

Student discount (PT, PTA): \$485

Total: _____

Please mail your check to 146 South Blvd., San Mateo, CA 94402. Payable to Body Balance and Beyond. Registration must be received at least 10 days prior to course date. You may scan and e-mail this form to info@bayareascoliosis.com.

Registration for 3 or more participant: Please fill out an additional registration form. Mail all registrations and your payments together.

Confirmation of registration will be sent via e-mail after successful collection of funds. Request for cancelation must be received in writing by mail or e-mail fifteen (15) days prior to the course in order to receive a refund less a \$50 administration fee per canceled registrant. No refund will be given for cancellations received within fifteen days or less. A credit voucher will be issued that may be used toward a future seminar. There will be no refund for not attendance. Body Balance and Beyond reserves the right to cancel or reschedule the course due to an insufficient number of registrants or other unforeseen circumstances. Under these circumstances, registration fees will be refunded. We are not responsible for hotel, airline or other expenses incurred.

Signature: _____