POWERPILATES
AN APOGEE WELLNESS COMPANY

CONTINUING EDUCATION APPLICATION FORM

PAYMENT

Credit Card: We accept Visa, MasterCard, American Express and Discover.
Checks: We accept personal and certified checks two weeks prior to course date.

APPLICATION

Mail: Power Pilates Education Registration
11 Martine Avenue, 8th Floor
White Plains, NY 10606

Email: registration@powerpilates.com
Web: www.powerpilates.com/education/ce_program_overview.php
Fax: 914.607.4531

CANCELLATION

100% refund up until one week prior to workshop start date (minus a $25 processing fee).
No refund is available within one week of workshop start date.

AVAILABILITY

Space is limited. We reserve the right to cancel any workshop one week prior to start date.

Name: _____ Home Phone: _____

Address: _____ Work or Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

I WOULD LIKE TO SIGN UP FOR THE FOLLOWING COURSE(S):

Course Name _____ Date _____ City _____ Cost: $ _____

Course Name _____ Date _____ City _____ Cost: $ _____

Course Name _____ Date _____ City _____ Cost: $ _____

Payment Amount: $ _____ Payment Date: _____ Payment Type (*check one*): ❑ Cash ❑ Credit Card ❑ Check

I have enclosed: Check # _____ Charge my: ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Credit Card # | | | | | | | | | | | | | | | | Expiry Date: | | | | (*Month* / *Year*)

Please include the 3 or 4 digit credit card Verification Code: | | | |

I have read and understand the cancellation policy and agree to its terms.

PRINT NAME: _____ SIGNATURE: _____

Card holder name as shown on Credit Card — *I agree to pay according to card issuer agreement*