POWER PILATES® REGISTRATION

Unless noted under the specific course description, please register for all courses through our New York office.

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
49 West 23rd Street, 10th floor
New York, NY 10010
Attn: Continuing Education

Phone: 212.627.5852

Email: continuinged@powerpilates.com

Web: www.powerpilates.com/education/continuinged/

Fax: 212.627.5624 / Attn: Continuing Education

REFUND: 100% refund up until one week prior to course date.

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

Thank you for your continued support and openness to learning!

POWER PILATES® CONTINUING EDUCATION APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work or Cell phone: _____

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

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

Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. date ☐☐ ☐☐

Please include the 3 digit code found on the back of the credit card after your account number ☐☐☐

_____ _____

PRINT NAME SIGNATURE