

Registration Form

Please fax completed form to 212.463.8309, or mail form with payment to:

KinectED: FAMI Workshop, 151 W. 19th St, 2nd Floor, NY, NY 10011

Contact Information (Please complete all items and write legibly.)					
Name:		Email:			
Street address:					
City:		State:	Zip: _		
Country (if not US):		Tel:			
Company or primary	discipline (yoga, pilat	tes, PT, etc.):			
How did you hear at ☐ Referral ☐ CEC Provider	oout us? <i>(Please choo</i> □Email Flyer □Editorial	se one.) □ Brochure □ Internet Search	□ Trade Show □ Other:		
Emergency contact (name and tel #):					
Registration Options (Please choose one. Group rates available upon request.)					
 New Student \$1395 (\$1495 after May					
	s payable to Kinected s must be U.S. funds o	and send along with con drawn on a U.S. bank.	npleted registration t	form to the	
Credit card #:		Exp date:	Billing z	zip:	
Print name:			Signature:(I authorize Kinected to sign on my behalf.)		
Refund Policy: A \$250 por	n-refundable deposit is requir	red upon registration. Registration	· ·	,	

Please fax completed form to 212.463.8309, or mail with payment to address listed above. Questions? Contact us at education@kinectedcenter.com or 212.463.8338. We look forward to meeting you!

15th, 2016 Due to the advanced planning required for the workshop, the entire registration fee is non-refundable after May 15th, 2016