



Anatomy Trains Registration Form

Name: _____

Name as you'd like it to appear on your Certificate (include LMT, EMP, etc. if desired): _____

Address: _____

Phone Number(s): _____

Email: _____

'Anatomy Trains® – Myofascial Meridians for the Manual Therapist' -Presented by Eli Thompson – 18 CE Hours **\$350 before Dec 9, 2011** ___ **\$400 after Dec 9, 2011** ___

Friday January 20, 2011 5pm – 9pm
Saturday, January 21, 2011 9am-5pm
Sunday, January 22, 2011 9am – 5pm

Class Location: TBD

Are you able to bring a Massage Table? Yes _____ No _____

- * Payment is due no later than one week prior to the class
- * You may call 216.364.0152 to register with Visa, MasterCard or Discover

* Please make your personal, business check or money order payable to

“Chagrin Valley Wellness Institute”

Remit payment to: Chagrin Valley Wellness Institute
3690 Orange Place Suite 175
Beachwood, OH 44122

VS/MC/DIS: Card # _____ - _____ - _____ - _____ Exp. Date: ____/____

Billing address of card, if different from above: _____

Signature: _____