



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® – Balancing the Intrinsic Muscles of the Pelvis' -Presented by Eli Thompson –
14 CE Hours **\$350 before March 16, 2012** ___ **\$375 after March 16, 2012** ___

Saturday, April 21, 2012 9am-5pm

Sunday, April 22, 2012 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: _____