



SAMPLE REGISTRATION FORM

Interior Alignment® Practitioner Training

Course Title: _____

Course Dates: _____

Name: _____

Street Address: _____

Mailing Address: _____

City, State: _____ Zip: _____

Country: _____

Phone: _____ Cell: _____

Fax: _____

E-mail: _____

I am including: deposit only _____ full payment _____

Make check payable to: (*your name or your company's name*)

Mail registration form and check to: (*...your name and address...*)

Thank you for your registration. I look forward to meeting you and having you as part of this class. If you have any questions or would like more information, please contact me at:

(*...your contact information...*)