

Dynamic Equilibrium Registration Form

Name: _____

Credentials: Massage Therapist or Bodyworker since _____

Other profession and credentials: _____

Address: _____

City: _____ State _____ Zip _____

Phone: Day: _____ Evening: _____ Cell phone: _____

Other contact info: _____

E-mail address: _____

(Please only provide your e-mail address if you regularly check your e-mail.)

Course registering for: _____

Course Month/Year: _____

Did you read the cancellation and refund policy? Write "yes": _____

Enclosed is the following amount \$ _____ to be paid with a check ___ with my credit card ___.

Visa/MasterCard # _____ Expiration Date _____ CVC # _____

(The CVC number is found on the back of your credit card. It is the last 3 numbers of the stamped numbers you see.)

Signature: _____

If you have a different name and/or billing address than the address you wrote above for this credit card, please complete the information below:

Name as it appears on the card _____

Card Billing Address _____

Card City, State, Zip _____

Mail to: Nancy Toner Weinberger, 309 Oakwood Court, Youngsville, NC 27596