

Dynamic Equilibrium Registration Form

PLEASE PRINT CLEARLY!

Name: _____

Credentials: Massage Therapist or Bodyworker since _____

Other profession and credentials: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (Preferred) _____ Additional Phone Numbers: _____

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: _____

If there are prerequisites for the class, please state how you meet them:

Did you read the cancellation and refund policy on www.DynamicEquilibrium.com?

Write "yes": _____

Choose one payment method below:

Enclosed is the following amount \$_____ to be paid with a check.

Make check out to Dynamic Equilibrium and mail to:

**Dynamic Equilibrium
309 Oakwood Court
Youngsville, NC 27596**

Email me a PayPal Invoice so I can securely pay online with my credit card.

- Valid email address required.
- All major credit cards accepted.
- A PayPal Account is not required.
- To pay over 6 months with no interest, choose PayPal credit, and apply for a PayPal credit line.