

WORKING WITH THE INNER BODY A Course on Visceral Treatment

Name: _____ Date: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

How did you hear about Motion Center/the series? _____

Profession: _____



I am registering for:

___ **THE LIVER AND DIAPHRAGM**
Sunday, May 16th, 2010
9am – 5pm, \$100

Please let the instructor know a bit about your background, and your interests in participating in this workshop. If you have any special circumstances/needs please also record them here:

I understand that I am registering for a full day workshop on visceral treatment with Peter Wuehrl, DO. I understand that full payment of the workshop fee is required to reserve a space.

I have read and understand the Payment Policies listed below.

signature

date

Payment Policies:

- Cancellations made 1 month in advance of workshop will be fully refunded.
- Cancellations made 2 weeks in advance will be refunded full tuition, minus a \$35 administrative fee.
- Cancellations with less than 2 weeks notice will not be refunded.