



Registration form
Injuries and Conditions with Dixie FunLee Shulman
May 22 and 23, 2010

Name:

Address:

Phone:

H _____ W _____

C _____

Email: _____

Are you a PMA member? Yes _____ No _____ Are you a Pilates teacher? Yes _____ No _____

If Yes, are you certified? Yes _____ No _____

If certified, from where and when?

What is your studio's website?

Are you a dancer? Yes _____ No _____

If yes, what kind? _____

Have you taken workshops with Dixie Shulman before? Yes _____ No _____

Circle one:

Embody Pilates Student or Embody Pilates graduate

Common Injuries and Conditions: How to Approach with Pilates May 22 and May 23;

To register, please complete this form and fax, mail or email it to us

early registration(before April 30) \$295 _____ registration (after April 30)\$345 _____

Method of Payment: _____ Visa _____ Mastercard _____ Amex _____ Discover

Card Number

Expiration date _____ Sec Code _____ Billing Zip _____ Total Amt _____

Signature _____

Payment is due at the time of registration.

Please arrive 1/2 hour early for check-in. Please wear comfortable clothes.

Fax completed registration form to 212-247-9606

or

Mail to: Rolates Pilates 939 8th Avenue, Suite 207 New York, NY 10019

or

Email to: info@rolates.com