

Workshops with Irene Dowd
Saturday, February 6 and Saturday, February 20, 2010
Rolates Pilates

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Registration Form

Name _____

Address _____

Phone: Home _____ Work _____ Cell _____

Email _____ Website _____

Have you participated in workshops with Irene Dowd before? _____

Are you a Pilates Instructor? Yes/No/Other _____ Where: _____

Where were you certified? _____ When: _____

Are you a member of PMA _____ PMA certified _____

Would you like PMA CEC's for this course? _____

Please choose which workshop you will attend:

Experiencing Our Spine and Trunk Volumetrically on Saturday, February 6, 1:30-5:00pm, \$100 _____

Arthrokinematics of the Spine as a Whole on Saturday, February 20, 1:30-5:00pm, \$100 _____

OR Both Workshops \$180 _____

Please arrive 1/2 hour early to confirm registration check-in. Please wear comfortable clothing.

To register, please fax, mail or email a completed form to Rolates Pilates (info listed above).

Method of payment:

_____ I will pay by check (make it out to Rolates, Inc.) _____ I will pay in cash

_____ I will pay by credit card: ___ Visa ___ Mastercard ___ AMEX ___ Discover

CARD NUMBER

TOTAL AMT IN USD(\$)

EXPIRATION SEC CODE ZIP CODE SIGNATURE

I authorize Rolates Inc., to charge my credit card number. I have provided the TOTAL amount in US \$

Note: Your space is reserved when you provide your credit card info. Your credit card will not be charged until day of workshop, or you can choose to pay by check on that day.

Cancellation: If you cancel after January 29, you will be charged a \$25 cancellation fee.

Irene Dowd's *Taking Root to Fly* will be available for purchase for \$20