



REGISTRATION FOR
Biodynamic Craniosacral Therapy . Module 1
July 13-15, 2018

Name:

Address:

Primary phone #:

Email address:

Emergency contact:

Occupation/Profession:

Date of Birth:

Class size will be limited to 8 students.

A non-refundable \$100 deposit with the registration form will hold your place.

Early-bird discount (if paid in full by June 10, 2018): \$330

Tuition after June 10, 2018: \$375.

If class is cancelled or postponed, your money will be refunded.

Check one:

I understand the payment requirements and have enclosed a check for \$_____.

I understand the payment requirements and have made a credit card payment of \$_____.

Signed _____ Date _____

If paying by check, make it payable to 3rd Coast Craniosacral. (and mail to):

3rd Coast Craniosacral
990 Grove St.
Suite 509
Evanston IL 60201

If paying by card (I use SquareUp), there is a link on website:

www.CraniosacralEvanston.com ... ginger@CraniosacralEvanston.com ... 847-328-8433