

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 provide an e-mail address you regularly check as important class information will be sent to you via 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 DynamicEquilibrium.com? Write "yes": _____

Enclosed is my check for the following amount \$_____. I understand my check will be deposited on the Class Confirmation date, unless I instruct you otherwise.

Make check out to Dynamic Equilibrium and mail with this registration form to:

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

I will send payment later. I understand the tuition is due by the Class Confirmation Date, found on the Class Calendar page on DynamicEquilibrium.com.

I prefer to pay securely online with a credit card. Please email me my options for how to do this.