



International Institute Of Reflexology

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St Petersburg, FL
November 4-10, 2010

6 Day Workshop Registration Form

Please fill out all questions to process registration (please print).

Full legal name: _____ / _____ / _____
Last First Middle Initial

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Phone: Work: () _____ Home: () _____

Cell phone: () _____ Email: _____

Date of Birth: _____ / _____ / _____ Male: _____ Female: _____

Current Occupation: _____

Number of years in this profession: _____

Employer's name: _____

In case of emergency notify: _____ Relationship: _____

Phone number: () _____

Please answer all questions accurately on this form, sign, and return with your deposit (if not already done) to the International Institute of Reflexology - address above.

Applicant's Signature: _____ Date of Application: _____

I wish to register for the Special Six Day Intensive Reflexology Workshop on November 4-10, 2010.

Location: I.I.R. Home Office - St Petersburg, FL

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Deposit of \$100.00 due with registration:

Check Money Order Credit Card: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ 3 digit security number (located on back of card): _____

Signature: _____ Balance of \$725.00 due by October 4, 2010