



***Pregnancy, Birth, Women's Health
& the Extraordinary Vessels***
A three day course with Suzanne Yates
August 6th-8th, 2011
At Breathing Time Yoga
541 Pawtucket Avenue, 2nd Floor, Pawtucket, RI

REGISTRATION FORM

Pre-Registration is required.
For information or questions, contact Karlo Berger at
Karlo@KarloBerger.com or (401) 383-0661

Name: _____ Caregiving Profession: _____

Address: _____

Phone: _____ Email: _____

WORKSHOP FEES:

- All Three Days: \$340 full price; early booking \$320 postmarked by June 7th, \$330 postmarked by July 7th
- Any One Day of the Course: \$160 full price; \$140 postmarked by June 7th, \$150 postmarked by July 7th
- People who have attended this training before get a 20% discount
- *Payment and cancellation policy:* Payment must be in full. Cancel 2 weeks or more before the course = full refund; Cancel less than 48 hours before the course, no shows, or leave early = no refund. Karlo Berger and Suzanne Yates will refund fees if cancellations occur on our side, but are not liable for any expenses incurred by the participant associated with joining the course.

REGISTRATION CHECKLIST (*please check as applicable*):

___ I am enclosing a check for \$_____ payable to "Karlo Berger Shiatsu Therapy"

___ I have attended Suzanne's workshop on this topic before and am applying for the 20% discount
(*please circle which workshop you attended: 1. Portland, Oregon 2. Cambridge, Massachusetts*)

___ I am requesting the 23.5 NCCAOM PDA points available for taking this course

___ I will bring a futon/massage table (*circle one*) to the course

___ I will need to be provided with a futon/massage table (*circle one*)

___ I am seeking a homestay (you will be contacted with more details in July)

___ I do/do not give permission (*circle one*) for my contact details to be circulated to other course participants.
Please indicate any alterations required for circulation (e.g. no phone).

Details of relevant experience/training in the holistic or integrative health field _____

How did you hear about this course? _____

Do you have any condition or infection which is a contraindication for giving or receiving shiatsu/massage? _____

Any other relevant information, e.g. disabilities/allergies? _____

I declare that I am healthy and over 18 years of age and know of no reason why I should not attend this course.
I declare that the above information is correct and to the best of my knowledge. I agree to inform the organizers of any change in my health, should I contract/develop a condition which is a contraindication for bodywork.
I have read and agree to abide by the payment and cancellation policy.

Signed _____ Date _____

Please enclose check and mail to: Karlo Berger, 236 Fourth Street, Providence, RI 02906