

# Registration Form

## Certified Course in Applied Kinesiology

- I am investing in all 8 sessions for Certification!
- I am investing in the following sessions: *(Circle choices)*  
                                   1    2    3    4    5    6    7    8
- I would like CEU Credit co-sponsored by NYCC.

Doctor/Health Professional: \_\_\_\_\_

Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Pre-Registration</b> - <i>Paid two weeks prior to seminar</i>			
<b>Per Session:</b>			
Doctor/Health Prof.	\$375 x	(number of sessions) =	\$
Student	\$175 x	(number of sessions) =	\$
<b>All 8 Sessions Discount:</b> <i>ONLY if paid in full before first session</i>			
Doctor/Health Prof.	\$2600	<i>(Save \$800)</i>	= \$
Student	\$1000	<i>(Save \$600)</i>	= \$
<b>General Registration</b> - <i>Paid less than two weeks prior to seminar (Additional \$50 if paying at door)</i>			
Doctor/Health Prof.	\$425 x	(number of sessions) =	\$
Student	\$200 x	(number of sessions) =	\$
<b>Continuing Education Credits</b>			
Doctor/Health Prof.	Cost: FREE	State Requested:	= \$
<b>Total Enclosed</b>			<b>\$</b>
<b>Location</b> - <i>Check one:</i> <input type="checkbox"/> Seneca Falls <input type="checkbox"/> Manhattan			

No Refunds. Credit only for 1 year.  
Seminar organization liability is limited to cost of session.

***I will be paying by:***

- CHECK (payable to ***Eugene Charles***)
- VISA     MASTERCARD     AMEX     DISCOVER

Credit Card No: \_\_\_\_\_ Exp. Date:    /    /

Signature: \_\_\_\_\_

**Mail or fax registration form and payment to:**



**71 Park Avenue, Suite 1C, New York, NY 10016**

**Fax: (212) 213-9495**

***For more information call (800) 351-5450***

*www.CharlesSeminars.com*