Yoga As Medicine (YAM)
Yoga Therapy Seminar with
Timothy McCall, M.D.
Sat. June 7th through Weds. June 11th, 2014

Registration Form

Information
Name:_____
Address:_____
City: _____ State: _____ Zip:_____
Tel:_____ Office:_____ Cell:_____
Email:_____ Profession: _____ Date of Birth: _____
Emergency Contact Info: _____
Name with credentials:_____

Cost
Before May 7, 2014
___ 5 Day Seminar @ $585 (Limit 30 attendees)
___ 'Weekend only' option @ $240 (Unlimited)

After May 7, 2014
___ 5 Day Seminar @ $650
___ 'Weekend only' option @ $270

Liability Agreement
As a participant I release Ginny Jurken and WHYoga-PT from all liability, which may arise from any and/or all claims by me, or any third party in connection with my participation in the YAM seminar with Timothy McCall, M.D.

Signature: _____ Date: _____/ _____/ _____

Payment
Please make checks payable to: WHYoga-PT

Send registration form & check to: Ginny Jurken
WHYoga-PT
2040 Erin Ct
Brookfield, WI 53045
Registration will be completed and confirmed when check and form are received in the mail.

Please bring along your yoga mat, (2) blocks, and blankets if you have them.

If you have any questions please don't hesitate to email: ginny@whyoga-pt.com