

SEEING AND UNDERSTANDING BODIES

Yoga Therapy Seminar with
Timothy McCall, M.D.

Saturday July 29th - Wednesday August 2nd, 2017

Registration Form

Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Office: _____ Cell: _____

Email: _____ Profession: _____ Date of Birth: _____

Emergency Contact Info: _____

Name with credentials: _____

Cost

Before June 30th, 2017
___ 5 Day Seminar @ \$650

After June 30th, 2017
___ 5 Day Seminar @ \$720

Daily Schedule:

9:00 - 11:30am
Lunch on your own
1:00 - 3:30pm

Limited Enrollment

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 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
780 Elm Grove Rd
Elm Grove, WI 53122

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