

**INTRAFITT**  
**ACADEMY OF HEALTH, FITNESS AND PERFORMANCE**  
**Clinical and Sports Nutrition Certification Workshop**  
**REGISTRATION FORM**  
**for Module I / Module II or Modules I & II**

Full Name: \_\_\_\_\_

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

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

Social Security: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License#: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

**I would like to pay my registration fee (\$449.00 for Module I/\$449.00 for Module II/\$849.00 for Modules I & II / CIRCLE YOUR SELECTION ) with:**

**Visa**    **Debit Card**    **MasterCard**    **AMEX**    **Money Order/Certified Check\***

Credit Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If certified check or money order, is your desired method of payment, please make check payable to **INTRAFITT** and mail along with your registration form to :

**INTRAFITT**  
**326 17<sup>th</sup> Street Seal Beach, CA. 90740**

OR

**You may fax your registration form and credit card payment to 704.888.5133.**

**NOTE: Registration fees are non-refundable once they are received.**

I \_\_\_\_\_ certify, that I have read and fully understand and agree to the terms and conditions as described on this form and in the "Registration Information" provided via the INTRAFITT website at [http://www.intrafitt.com/certifications\\_workshop.asp](http://www.intrafitt.com/certifications_workshop.asp)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_