

INTRAFITT
ACADEMY OF HEALTH, FITNESS AND PERFORMANCE
Clinical and Sports Nutrition and Exercise
Home Study Certification Course
REGISTRATION FORM

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 (\$598.00 for the Clinical and Sports Nutrition and Exercise Home Study Certification Course) 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 17th 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

Signed: _____ Date: _____