

INTRAFITT
ALLIED HEALTH CARE PROFESSIONAL
ADVANCED EXERCISE SCIENCE (PT) CERTIFICATION WORKSHOP
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: _____

[circle one]

I would like to pay my registration fee (\$899.00 for the Advanced Exercise Science Workshop) with:

Visa **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: _____