

Teacher's Training Program Certified by **PHYSICALMIND INSTITUTE**

Name: _____ IC No: _____

Occupation: _____ Present Employer: _____

Address: _____

Contact No.: _____ * Email: _____

Please register me for the selected course/ courses:

COURSE	DATE OF COURSE (circle one intake)	FEES
Initiation 101 – Matwork Course	Intake 1: 13-15 Feb 2009 Intake 2: 24-26 Apr 2009 Intake 3: 17-19 Jul 2009 Intake 4: 11-13 Sept 2009	S\$800
Initiation 201 – Standing Pilates	Intake 1: 22-24 May 2009 Intake 2: 28-30 Aug 2009 Intake 3: 2-4 Oct 2009	S\$800
Concentration 101 – Pilates Apparatus	Intake 1: Jun 6&7, 13&14, 20&21, 27&28 Jul 4&5 Intake 2: Oct 10&11, 17&18, 24&25 Oct 31 & Nov 1, Nov 7&8	S\$4900
TOTAL FEES		

* Please indicate if you have fulfilled the prerequisite for the selected course:

Institution/ School/ Studio/ Equivalent	Date (mm/yy)	Teacher

Terms & Condition

- Registration closes 14 days prior to commencement of course
- Course commencement subject to minimum of 4 pax, if insufficient headcount, it will be postponed to the next intake.
- Course fees subject to be adjusted due to freight charges at the Studio's discretion.

Cancellation Policy

- 30 days prior to course date: full refund of tuition
- 30 – 7 days prior to course date: S\$110
- Less than 7 days prior to course date: S\$210
- No Refunds or Rescheduling after the start of the course

RESCHEDULING IS ALLOWED ONLY ONCE. Materials are non-refundable when canceling. Deadline for registration is 30 days prior to the start of the course. Any registration afterwards must be made by credit card only.

I have read and agree with Terms & Condition and Cancellation Policy stated above _____

<u>For Official Use</u>	
Payment Mode:	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
Charge my:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Exp. Date: ____/____
Credit Card No.	_____