



CERTIFICATION REGISTRATION

Please **FAX** to Heather 619.749.4061
or **MAIL** to AVAC attn. Colleen
5400 Camden Avenue, San Jose CA 95124

name _____ employer _____

address _____

city _____ state/province _____ ZIP/postal code _____ country _____

telephone [am] _____ telephone [pm] _____ e-mail _____

COURSE REGISTRATION

Two letters of reference may be required. Registration Form must be accompanied by a deposit. All fees are non-refundable. **Balance [if applicable] is due two weeks prior to class start date.** Space is limited and will ONLY be reserved upon the receipt of all registration materials and deposit. **All prices reflect non-refundable fees and are**

subject to change without notice. Course materials and certification exams are NOT included in the Course Fees. In the event a Course/Workshop does not have at least five participants, we reserve the right to cancel. Student will have a credit to use toward a future Course/Workshop. **NO REFUNDS.**

Intensive Program

IMP Intensive Mat-Plus - 40 Hours \$995

Start Date _____ Location _____

AM Advanced Mat - 6 Hours \$180

Start Date _____ Location _____

IR Intensive Reformer - 50 Hours \$1450

Start Date _____ Location _____

AR Advanced Reformer - 18 Hours \$525

Start Date _____ Location _____

ICCB Intensive Cadillac, Chair & Barrels Repertoire - 50 Hours \$1450

Start Date _____ Location _____

ACCB Advanced Cadillac, Chair & Barrels - 12 Hours \$380

Start Date _____ Location _____

ISP Injury and Special Populations - 24 Hours \$925

Start Date _____ Location _____

Workshop(s)

Workshop Name _____ Date _____ Location _____

Workshop Name _____ Date _____ Location _____

Workshop Name _____ Date _____ Location _____

Workshop Name _____ Date _____ Location _____

PAYMENT METHOD

TOTAL \$ _____

DEPOSIT ONLY FULL PAYMENT MasterCard VISA CHECK Make check payable to NCSPCC MONEY ORDER

Credit Card # _____

Exp. Date _____

Please list related degrees, diplomas, post secondary or certificate courses and workshops

Outline education in anatomy [courses, workshops taken]

List related certification [e.g., ACE, AFAA etc. please specify]

Please outline your teaching experience

Describe your experience in dance, fitness or other body work

Outline your experience with the works of Joseph Pilates

Do you have any injuries, conditions [including current or recent pregnancy] or postnatal issues that might affect your course performance?

How did you hear about STOTT PILATES Education?

Why are you interested in becoming a Certified Instructor?

How do you plan to use your certification [how will you be applying your knowledge]?

Are you using this course to fulfill continuing education credits? Yes No