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CONTINUING EDUCATION FOR HEALTHCARE PROFESSIONALS

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

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Employer _____ Profession_____

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Please indicate the course you are registering for:

Course Title _____

Course Location _____ Course date(s) _____

Method of Payment **TOTAL $_____**

Earlybird rate for 2-day course $225; After earlybird date $255
Group discount rate when 3 or more register together before earlybird date $195; $225 after

☐ Cash ☐ Check (made payable to *Arjuna Movement Arts*) check# _____

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Card No. _____ Expiry date _____

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Send completed Registration Form with payment:

By Mail: Arjuna Movement Arts, P. O. Box 208, Worthington, Ohio, 43085-0208.
By Phone: (614) 841-5396. You can leave your information on our secured voicemail.

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