## Registration Form

Name: Email: Street address: City/State/Zip: Country: Home phone: Cell Phone: Work phone:
Yes, I want to attend the <b>3 Day</b> Certification Course in Stamford, CT  August 3 <sup>rd</sup> , 4 <sup>th</sup> and 5 <sup>th</sup> .  Cost: \$495.00
**If financial difficulties will prevent you from signing up, please contact Rose at elaine@elainepetrone.com to discuss designing a more convenient payment plan.
I am interested in becoming a practitioner I am interested only for my personal growth.
Please list your goals:
Please list any specific special interest you may have:
Fee: \$495.00
Includes:
15 Hours of Class Time Class Materials Bulk Discounts on Product Online Support
Registration Requirements:  • Full tuition and completed registration form for the 3 Day Course is required to reserve your space.

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Total Due: Method of payment:
Check to Elaine Petrone Method Paypal Credit Card (choose one):
Visa Amex Discover Mastercard
Number:
Expiration:
Code:
Sign and return:
Name: Date: Please Return completed registration form and payment to:
Elaine Petrone Method P.O. Box 2092 Darien, CT 06820
Or attached in an e-mail to elaine@elainepetrone.com

<sup>\*</sup>Due to a preferred limited enrollment, there is no refund on the Certification Program.

There is an option to apply any monies toward future programs.