**The Miracle Ball Method**

**Practitioner Certification**

**Registration Form**

Name:

Email:

Street address:

City/State/Zip:

Country:

Home phone:

Cell Phone:

Work phone:

\_\_\_ Yes, I want to attend the 3-Day Practitioner Certification Course in Stamford, CT.

\_\_\_ I am interested in becoming a practitioner to teach others or for my personal growth.

Please let us know if you are already in the health, wellness, exercise or fitness fields. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not in the health, wellness, etc. field, please let us know why you would like to become a Miracle Ball Method practitioner. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

**Dates**: November 2, 3, 4 2018

**Cost:** $495.00\*

\*If financial difficulties will prevent you from signing up, please contact us at contact@miracleballmethod.com to discuss designing a payment plan.

Total Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment:

Make out the 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:

The Miracle Ball Method

P.O. Box 2092

Darien, CT 06820

Or attached it an e-mail to: contact@miracleballmethod.com

\*Due to a preferred limited enrollment, there is no refund on the Practitioner Certification. There is an option to apply any payment toward future programs.