

**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.