

**The Miracle Ball Method
Practitioner Recertification
Annual Fee Form**

Name: _____

Street address: _____

City/State/Zip: _____

Country: _____

Email: _____

Home phone: _____

Cell Phone: _____ Work Phone: _____

Annual Recertification Fee: \$95.00

Total Due: _____

Method of payment:

Make out the check to: The Miracle Ball Method

Paypal

Credit Card (choose one):

Visa _____ Amex _____ Discover _____ Mastercard _____

Number: _____

Expiration: _____

Code: _____

Sign:

Name: _____ Date: _____

Please return completed registration form and payment to:

**The Miracle Ball Method
P.O. Box 2092
Darien, CT 06820**

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