

REGISTRATION INFORMATION

Register For Any Three Seminars and Receive **\$300 OFF!**

PRICES:

- Myofascial Release I™
 - Fascial-Pelvis Myofascial Release
 - Cervical-Thoracic Myofascial Release
 - Myofascial Unwinding™
 - Myofascial Release II™
 - Myofascial Rebounding
 - Advanced Myofascial Unwinding
 - Quantum Leap
- \$750 for each seminar or \$695 if registered 2 weeks prior to seminar date**

- Women's Health Seminar:
The Myofascial Release Approach
- \$1,000 for each seminar or \$895 if registered 2 weeks prior to the seminar date**

- Myofascial Mobilization Workshop
 - Pediatric Myofascial Release Workshop
 - Subtle Energy
- \$450 for each seminar or \$395 if registered 2 weeks prior to seminar date**

Tax Reform Act Of 1986:

Registration fees, travel and lodging expenses incurred by a taxpayer while attending a convention or seminar relating to their profession will continue to be fully deductible; meal cost will remain 50% deductible.

Continuing Education:

Myofascial Release Seminars are approved by many state and national associations. Please visit our website at **myofascialrelease.com** for a complete listing.

Discounts:

Graduates of the Pediatric Myofascial Release Workshop or the Myofascial Mobilization Workshop are entitled to a \$50 discount off the price of the Myofascial Release I™ or the Fascial-Pelvis Seminar. Participants who register for any three seminars at one time (excluding the Myofascial III, Myofascial Healing and the Skill Enhancement Seminar) are entitled to a \$300 discount. Hospitals or facilities who register five or more persons at the same time are entitled to a \$50 per person discount on any Myofascial Release Seminar. Registrations must be mailed, faxed or phoned in at the same time. Graduates of our seminars may repeat any or all of these seminars for half-price (excluding the Myofascial Healing and the Skill Enhancement Seminar). Discounts cannot be combined.

Registration Fee and Cancellation Policy:

Full payment is required to reserve a space. Enrollment is limited. Fee includes workbook and materials, seminar instruction, hands-on workshop training, continental breakfast, afternoon refreshments, and seminar certificate. Written confirmation will be sent after payment is received in our office. You may cancel your registration up to 14 days before the seminar. Your registration fee will be refunded less a \$50 processing fee. If you need to cancel less than 14 days prior to the seminar you may transfer your registration to another seminar of your choice. We reserve the right to cancel any seminar, in which case the tuition fee will be returned in full. MFR Seminars is not responsible for any guaranteed airline/hotel reservation.

Accommodations / Roommate List:

MFR Seminars blocks sleeping rooms at many locations, some of which offer reduced rates. As a convenience, we also offer a roommate list. For details on sharing a room, please contact us.

CALL TODAY – 1-800-FASCIAL or Register Online at www.myofascialrelease.com

IMPORTANT

Seminar Location City: _____ State _____

Check the appropriate box(es)

- | | |
|--|--|
| <input type="checkbox"/> Myofascial Release I™ | <input type="checkbox"/> Pediatric Myofascial Release |
| <input type="checkbox"/> Myofascial Unwinding™ | <input type="checkbox"/> Myofascial Rebounding |
| <input type="checkbox"/> Myofascial Release II™ | <input type="checkbox"/> Advanced Myofascial Unwinding |
| <input type="checkbox"/> Fascial-Pelvis | <input type="checkbox"/> Quantum Leap |
| <input type="checkbox"/> Cervical-Thoracic | <input type="checkbox"/> Women's Health Seminar |
| <input type="checkbox"/> Myofascial Mobilization | <input type="checkbox"/> Myofascial Release III™ |
| | <input type="checkbox"/> Subtle Energy |

Charge to: Visa MasterCard _____ Expiration Date _____

Card # _____ 3-Digit Security Code _____

Signature _____

Name _____

Prof. Initials for Seminar Certificate: _____
(Print your name and credentials exactly as you wish them to appear on your seminar certificate.)

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____

Enclosed is my check (U.S. Funds only) payable to:

MFR Seminars
222 West Lancaster Ave. Suite 100
Paoli, PA 19301-1742

1-800-FASCIAL (327-2425)

Fax Form to 610-644-1662



Web Site: www.myofascialrelease.com • Email: seminars@myofascialrelease.com