

Advanced Craniosacral Therapy for Infants Registration Form

Name: _____ E-mail: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Dates	Course	Cost
	Advanced CST for Infants	\$800.00

What is your profession? _____

How have you been applying what you learned about CST for Infants since the last class?

Do you attend births? _____ If yes, what is your role? _____

Why are you taking this class? _____

Two Ways to Register:

Complete this form and mail it with your check payable to Carol Gray *or* credit card information to:

Carol Gray
1414 NW 53rd Drive
Portland, OR 97210

Or fax it with your credit card information to:
(503) 236-4334

Visa, Master or Discover Card Number: _____

Expiration Date: _____ Signature: _____

Cancellation and Refund Policy:

Tuition is fully refundable up to 30 days prior to a class or may be applied toward another class at any time. A \$100 cancellation fee applies for cancellations made inside of 30 days.

Questions?

Call Carol Gray (503) 236-2999