

REGISTRATION INFORMATION



- ◆ Myofascial Release I
- ◆ Myofascial Unwinding
- ◆ Myofascial Release II
- ◆ Fascial-Pelvis
- ◆ Cervical-Thoracic
- ◆ Fascial Cranium
- ◆ Myofascial Rebounding
- ◆ Advanced Myofascial Unwinding

\$895 for each seminar or
\$795 if registered 2 weeks prior to seminar date

- ◆ Women's Health Seminar

\$1,200 for the seminar or
\$995 if registered 2 weeks prior to seminar date

- ◆ Myofascial Mobilization Workshop
- ◆ Pediatric Myofascial Release Workshop
- ◆ Subtle Energy

\$595 for each seminar or
\$495 if registered 2 weeks prior to seminar date

- ◆ Myofascial Healing Seminar

\$695 for each seminar or
\$595 if registered 2 weeks prior to seminar date
\$495 per person if 2 or more register together*

(*Please make two copies of this registration form, one for each person and mail together.)

CONTINUING EDUCATION:

Myofascial Release Seminars are approved by many state and national associations. Please visit our website at myofascialrelease.com for a complete listing and to determine the number of hours granted by your association. It is the individuals responsibility to determine from their state board what is within their scope of practice.

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 Myofascial Healing, Myofascial III 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. DISCOUNTS CANNOT BE COMBINED.

REGISTRATION FEE AND CANCELLATION POLICY:

Full payment is required to reserve a space. Enrollment is limited. Fee includes materials, seminar instruction, hands-on workshop training, continental breakfast, afternoon refreshments, and a seminar certificate (excludes Myofascial Healing). 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.

TAX REFORM ACT OF 1986, AS AMENDED BY THE 2017 TAX CUTS & JOBS ACT:

Registration fees, travel and lodging expenses incurred by a business or self-employed taxpayer while attending a convention or seminar that maintains or improves job skills relating to their profession will continue to be fully deductible; meal cost will remain 50% deductible.

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"/> Fascial Cranium |
| <input type="checkbox"/> Myofascial Unwinding | <input type="checkbox"/> Women's Health Seminar |
| <input type="checkbox"/> Myofascial Release II | <input type="checkbox"/> Myofascial Rebounding |
| <input type="checkbox"/> Myofascial Mobilization | <input type="checkbox"/> Advanced Myofascial Unwinding |
| <input type="checkbox"/> Pediatric Myofascial Release | <input type="checkbox"/> Myofascial Release III—\$500 deposit |
| <input type="checkbox"/> Fascial-Pelvis | <input type="checkbox"/> Myofascial Healing |
| <input type="checkbox"/> Cervical-Thoracic | <input type="checkbox"/> Subtle Energy |

Charge to: VISA MASTERCARD Expiration Date: _____

Card #: _____ 3 Digit Security Code: _____

Signature: _____

Name: _____

Professional Initials: _____
(Type of therapist, PT, LMT, OTR/L etc. or for the Healing Seminar, what is your occupation?)

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

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

MFR Seminars
 42 Lloyd Avenue
 Malvern, PA 19355

Fax Form to 610-644-1662



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