**Heal Thyself & Co.**

Kinesio ® Taping 2016

 Registration Form

**Class Dates**: March 12 and March 13 (KT1 & KT2) April 9, 2016 (KT 3)

 June 11 and June 12 (KT1 & KT2) July 16, 2016 (KT3)

 November 12 and November 13 (KT1 & KT2) Dec 17, 2016 (KT3)

 ***Please circle your choice(s) of dates***

**Time:** 8 a.m. to 5 p.m.

**Class Location: The Playful Soul**

 **6516 N. Ferguson**

 **Indianapolis, IN  46220 Street Parking available ... do not park**

 **in the salon next door .... (cars will be towed)**

**Cost:**  $700 KT1, 2, & 3 $275 KT 3 only

$525 KT 1 & 2 only

***Please circle appropriate cost option***

**Fee Includes:** Three full-color reference workbooks

Two months membership access to database on <http://kinesiotaping.com>

Kinesio Tex Tape to use during lab sessions

24 total CEUs available (eight per class) ... Refreshments (lunch on your own)

**Cancellation Policy:** Registration fee less 20% will be refunded if written cancellation is received at least 30 days prior to the seminar. No refunds will be given after that date.

…………………………………………………………………………………………………………………………

**Please, please, please write legibly!**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Payment: (please circle) Cash Check Debit Charge

Visa, MasterCard, Discover, and American Express accepted

Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 Digit Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Address Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks payable to Heal Thyself & Co. Mail registration and payment to Heal Thyself & Co.,

6220 N. Broadway St., Indianapolis, IN 46220, fax 317-472-4295, email to bhumphreymt@yahoo.com. Please call 317/253-8361 or email bhumphreymt@yahoo.com if you have questions.