

DTP[®], Inc.

Pre/postnatal Fitness Instructor Certification

REGISTRATION FORM

NAME:

BUSINESS or POSITION & INSTITUTION:

MAILING ADDRESS:

PHONE:

EMAIL:

Professional & Background Information

CURRENT JOB and/or AREA OF INTEREST:

Registration:

TEACHER OPTION:

- Basic Pre/postnatal \$319 ____

LICENSE OPTION:

- No License ____
- Trademark License \$250 ____
- Corporate License \$300 ____

PRACTICUM OPTION:

- No Practicum ____
- First teacher free ____
- Additional teacher \$25 ____
- Renewal \$45 ____

DATE OF PRACTICUM:

____/____/____

location: _____

EDUCATIONAL BACKGROUND (degree/diploma/certificate/license, year, school/org.)

CPR certified? YES____ NO____

Total: \$_____ check enclosed____ or CC: Visa____ MC____

#_____ exp:_____/_____

Check to: DTP, Inc.

Mail to: DTP, Inc.

Box 3083-Stony Creek
Branford, CT 06405

Or call 203-481-2200 to
register by phone.

Refund Policy: If you are unable to finish, fees may be applied to a future date. Renewal fees may be applied to the other methods of renewal, if you registered for a Practicum.

Waiver of Liability: I understand the risks of physical activity and waive Dancing Thru Pregnancy[®], Inc.'s liability for these risks during my participation in the Practicum for which I have registered.

Signature: _____ Date: ____/____/____

Name (printed): _____

Notes: