

Restorative Exercise Institute
Restorative Exercise Specialist Registration Form

Name: _____ Email: _____ Date _____

Address: _____ Birthday _____

Cell Phone: _____ Home Phone: _____

Do you currently work in the wellness/healthcare? _____ Current Position: _____

Education: _____

Certification/Training (wellness/health related): _____

Start date of preferred RES program: _____

How did you hear about our program?

What do you hope to get out of the Restorative Exercise Specialist Training Program?

How will you use Restorative Exercise, once certified?

The RES program is \$2500.00 plus a \$250.00 Equipment Fee, which is required to hold your place and includes 17 Exercise DVDs and equipment. Please send deposit and this form to:

Restorative Exercise Institute
c/o RES Training Program
5550 Telegraph Road, Suite A
Ventura, CA 93003

Method of Payment:
Check # _____ OR CC Number _____ Exp. Date _____ 3-digit Code _____
CC Billing Address _____ Signature _____

Payment plans are available (add \$130 processing fee). Check here _____ if you are interested in making installed payments. Please inquire for payment schedule.

Payment methods accepted: Cash, Check, or Credit Card (Visa, MasterCard, Discover).

Cancellation Policy: Enrollment in this program occupies one training space. Refunds are not available. If attendance in this course becomes problematic, fees will be applied to subsequent course.