



REGISTRATION FORM

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 _____ Fax: _____
 email: _____

Class(es) and date(s) registering for*:

ID / Level _____ City _____ Dates _____
 ID / Level _____ City _____ Dates _____
 ID / Level _____ City _____ Dates _____
 ID / Level _____ City _____ Dates _____

Please note that Milne Institute, in an effort to simplify the program, has renumbered the classes for 2003. Please check the flow charts below to make sure that you are signing up for the correct class.

<u>2003 New</u>		<u>2002 Old</u>
C1	=	C1
C2	=	C2
C3	←	C6
C4	←	C5
C5*	←	C3*
C6*	←	C4*
C7*	=	C7*

<u>2002 Old</u>		<u>2003 New</u>
C1	=	C1
C2	=	C2
C3*	→	C5*
C4*	→	C6*
C5	→	C4
C6	→	C3
C7*	=	C7*

*Class completion of _____ C1 ~

Prerequisites – I certify the following is enclosed initial):

40-hour massage certification
 or other training /experience providing a minimum in sensitive touch; If other, please specify here.

- _____ C2 – completion of C1 class
- _____ C3 and/or C4 – completion of C1 and C2 classes
- _____ C5, C6 and/or C7 – please include a copy of your Student Record showing completion of certification track requirements – this is mandatory to register

Cranial 1-10 and Pediatric 4-Day Class	Cost: \$600	Deposit: \$200	Balance: \$400
Review Classes 1-Day Class	Cost: \$140	Deposit: \$46	Balance: \$94
Cranial Anatomy 3-Day Class	Cost: \$410	Deposit: \$136	Balance: \$274

Deposit is due with registration; balance due no later than 21 days before class starts. (After this date, cost of class is \$650.00.) Confirmation and detailed class location, travel and accommodation information will be sent upon receipt of your registration. If you have any questions, please contact us.

Payment amount: \$ _____

- Check in US dollars drawn on US bank or US domestic money order *(made out to person organizing the class)*
- Visa/MasterCard/Discover # _____ Exp. date ____ / ____

Visionary Craniosacral Work™

4919 Cervato Way Santa Barbara, Ca. 93111

Phone: 805-637-8756 email: paulbrowncranial@gmail.com www.paulbrowncranial.com

Name as it appears on the card _____

Cardholder's signature _____

Balance (21 days before class): on same credit card _____ Will send check _____

* **Registration Policy:** 1/3 of class fee is due upon registration, with balance due 21 days prior to the first day of class. Registrations cancelled with 21 or more days' notice will be refunded less a \$30 fee; ***no refunds for any reason within 21 days before class.*** We reserve the right to cancel classes not meeting minimum participant requirements by 21 days before the class. We strongly advise confirming with the organizer that the class has a minimum number of students registered before making nonrefundable travel reservations. If the class is cancelled for any reason by MII, all class fees paid will be refunded.

I have read and agree to these terms:

Signature

Date

**Please note that under California State law our classes are strictly avocational and are not eligible for vocational credit of any kind.*

** Please make checks payable in the name of the person organizing the class.*

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