

**2010 KANSAS CITY ZEN TRIGGERPOINT ANATOMY®
REGISTRATION FORM**

Name _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Work

Cell # _____ E-mail: _____

Deposit enclosed. (Please make check payable to IZII).
Reviewer is someone who has previously completed this particular training.
Full payments received by June 25th receive a \$50 discount.

___ \$1500 new ___ \$800 reviewer ___ \$375 new ___ \$200 reviewer
paid in full paid in full one weekend one weekend

___ Yes, I will bring a massage table to the training

___ Yes, I will bring a bench to the training

___ Yes, I will bring a stool to the training

Please send this registration form with your deposit to:

Tom Davidson
1715 ½ W. 39th Street, Suite 202
Kansas City, MO 64111
Phone: 816-645-6543 Email: tomzbt@gmail.com