

**2010 Washington Zentherapy® Introductory Weekend
September 18-19, 2010**

ZENTHERAPY® REGISTRATION

(Please print)

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home # _____ **Work #** _____

Cell # _____ **Pager #** _____

E-mail address _____

We will supply most equipment but appreciate your help if you can bring any of the following items:

_____ 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

Payment enclosed. Please make check payable to *IZII*.

_____ \$200 Paid in full

_____ \$50 Deposit (balance to be paid by September 18th)

_____ \$100 Zen Bodytherapy® and Zen Triggerpoint Anatomy® practitioners

Please send this registration form with your payment to:

International Zentherapy® Institute, Inc. (IZII)
1188 Bishop Street, Suite 2908
Honolulu, HI 96813-3312

For information regarding training, call 808-533-2000, or email info@zentherapy.org.

For information regarding registration, call 425-736-6080, or email revbunkowong@gmail.com.