

**2010 ZEN TRIGGERPOINT ANATOMY®
REGISTRATION FORM**

Name _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Work # _____

Cell # _____ Pager # _____

E-mail address _____

Deposit enclosed. (Please make check payable to IZII)

___ \$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:

Heather Madison
5412 Claremont Avenue, #7
Oakland, CA 94618
E-mail: hnmadison@gmail.com
Telephone: (510) 552-8622

A \$50 processing fee will be charged for canceling registration after February 12, 2010.