



SomaEnergetics Teacher Courses Registration Form

Participant's Information:

Name (As it should appear on the Certificate) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email Address _____

Additional Person: (if applicable) _____ *Credit Card receipts via email.*

Do you have a portable Massage Table that you can bring to the workshop? Circle one: YES NO

Do you need information about lodging and/or transportation from the airport? YES NO

Choose Your Course:

_____ **Teacher 1: May 16-19, 2019 – Charlotte NC ~ \$399.00 Course** ----- \$ _____

_____ **Teacher 2: Not offered in 2019**

_____ **Teacher 3: June 27-30 2019 – Charlotte, NC - \$399.00 Course** ----- \$ _____



Billing address and zip code should match information above.

Type of card: V MC DISC AMEX

Number _____

Exp Date _____ CV2 Code _____

Amount _____

Signature _____

Registration Fee TOTAL _____

Payment: Circle Method: CASH - CHECK # _____ or CC

Cancellation Fee – Within 2 weeks of the class: \$99 fee will be deducted from any refunds. Credit Cards not charged, or Checks deposited until 2 weeks prior to workshop.

Fax Registration form to 800-480-0763

Email to: Support@somaenergetics.com

Questions/Register via Phone, call 704-469-SOMA (7662)

Notes – Where are you in the Certification Process?

FOR MORE INFORMATION VISIT: WWW.SOMAENERGETICS.COM