

## Registration Form Ortho-Bionomy Workshops

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Best way to contact you \_\_\_\_\_

<u>Workshop Title</u>	<u>Cost</u>	<u>Early Bird</u>
_____ Postural Re-education	\$185	\$155 before July 10 <sup>th</sup>
_____ Phase 5&6 – Part One	\$335	\$285 before July 10 <sup>th</sup>
_____ OB and Massage	\$185	\$155 before Sept 10th
_____ Phase 4 Extremities	\$335	\$285 before Sept 10th
_____ Subtotal		

\_\_\_\_\_ **Subtract additional \$10 if paying by Check or Money Order**

\_\_\_\_\_ **Total Due** (Early Bird payment is due *prior* to Early Bird date to receive this discount)

Payment method \_\_\_ Check or Money Order (payable to DSW Services) \_\_\_ Credit Card (Visa, Mastercard)

Note: For your convenience, we do accept credit cards, but due to the processing expense, there is an additional discount to those who pay via Check or Money Order.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Verification Code \_\_\_\_\_ (3 digit code found in signature block on back of credit card)

**You may Register online at [www.dswservices.com](http://www.dswservices.com) or Return your Registration Form & Payment to:**

Keri Brown, DSW Services  
5335 N. Tacoma Ave., Ste 21A  
Indianapolis, IN 46220

Please make checks or money orders payable to DSW Services. Also note there is an additional discount when paying by check or money order.

**Class Coordinators/Contacts:**

Danyell Wiley      [dwiley@dswservices.com](mailto:dwiley@dswservices.com)      (317) 441-4119  
Keri Brown        [krikbg60@yahoo.com](mailto:krikbg60@yahoo.com)      (317) 446-1559