



RELEASE & RESTORE

TKM REGISTRATION FORM

POSTURAL RESTORATION WORKSHOP FOR MEDICAL PROFESSIONALS

DATE: Please Circle One - February 5th OR March 18th / ¹²

TIME: 9:00 a.m. - 1:00 p.m.

LOCATION: Tower Physiotherapy Clinic: #102 - 131 9th Ave. SW, Calgary, AB, T2P-1K1

PLEASE PRINT CLEARLY:

Name: _____

Address: _____

City: _____ Province: _____ PC: _____

Best Phone Number to get you or leave a message _____

Email Required as all pre-course info communicated here _____

Occupation: _____

Name of Clinic / Office: _____

YOUR INVESTMENT: \$140.00 plus gst = **\$147.00**

PAYMENTS:

1. CHEQUE is preferred method of payment, made payable to THE KELLER METHOD

Send registration form with cheque, Att: Kathleen Keller c/o Tower Physiotherapy, address top of page

2. Visa or Master Card also available - For security purposes give to TKM by phone. If paying via C/C, fax registration form attention Kathleen to 403.262.2513 and circle this area.

POLICIES

- Receipts will be issued at the course
- No refunds 2 weeks out from course date
- All refunds subject to 20% administration fee

Office Use Only

Date received _____

Method _____



The Keller Method™
Intelligent Movement Practices for Life

P: 403.615.5776 E: thekellermethod@gmail.com W: thekellermethod.com

