



fitness + health. fused.

# Workshop Registration

## REGISTRATION INFORMATION

**Workshop Name:** \_\_\_\_\_

**Workshop Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Country (if not US): \_\_\_\_\_ Tel: \_\_\_\_\_

Company Affiliation: \_\_\_\_\_

How did you hear about us? (please choose one)

Walk-in     Editorial     Coupon    Internet: ( Google Ad    Citysearch    Other: \_\_\_\_\_)

Ad     CEC Provider    Trade show    Referral/Other (from: \_\_\_\_\_)

Would you like to be on our email list? (please circle)    yes    no

## PAYMENT INFORMATION

A 50% deposit is required upon registration; the remaining balance is due on the 1st day of the workshop. Payments may be made by visiting the studio, or by fax or mail; cash, checks, and credit cards are accepted.

### **To pay by credit card:**

Credit card #: \_\_\_\_\_ Exp date: \_\_\_\_\_ Billing zip: \_\_\_\_\_

Amount to be charged:    Deposit     Full amount    Amount \$ \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

*(I authorize Kinected to sign on my behalf.)*

### **To pay by check:**

Please make checks payable to Kinected, and mail with completed registration form to address listed below. Checks must be U.S. funds drawn on a U.S. or Canadian bank.

## CANCELLATION POLICY

- If cancellation is made at least 1 week prior to the 1st day of the workshop, the initial deposit is transferable to another Kinected workshop only; deposits for GYROKINESIS® trainings are transferable to another GYROKINESIS® training only. Credits must be used within 1 year. Cancellation within less than 1 week's notice results in forfeiture of the initial deposit.
- Kinected reserves the right to cancel any workshop up to 1 week before the first day of the workshop. If the workshop is canceled, deposits are transferable to another Kinected workshop; the credit must be used within 1 year.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Front desk signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return this form with your payment to Kinected:**

151 W. 19<sup>th</sup> St 2<sup>nd</sup> Floor, NY, NY 10011 (t) 212.463.8338 (f) 212.463.8309

[info@kinectedcenter.com](mailto:info@kinectedcenter.com) [www.kinectedcenter.com](http://www.kinectedcenter.com)

Thank you!