

# Registered Practitioner Training Program Application

*Please Type or Print Clearly*

Society of Ortho-Bionomy International®  
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_____		_____
Name		Date
_____		
Address		
_____		_____
City	State/Province	Zip/Postal Code
_____		_____
Country	Home Phone	
_____		_____
E-mail	Work Phone	

## Entrance Requirements:

Phase IV Workshop: \_\_\_\_\_  
Date Location Instructor

Receive Two Ortho-Bionomy sessions from a Registered Instructor or Registered Practitioner:

Session 1 \_\_\_\_\_  
Date Practitioner/Instructor

Session 2 \_\_\_\_\_  
Date Practitioner/Instructor

## Advisor Information (Required for entrance into the Practitioner Training Program):

Advisor Name (Please print legibly) \_\_\_\_\_

Advisor Signature \_\_\_\_\_

## Enrollment Fee: \$100, \$65 International (Pay by check or credit card in USD)

Visa/Master Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Three digit verification code (in signature block on back of credit card) \_\_\_\_\_ Zip if different than above \_\_\_\_\_

Signature \_\_\_\_\_

**Instructor/Coordinator/Advisor for CEP credit: Please print your name and sign below when registering member:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## -----For Office Use Only-----

\_\_\_\_\_ Date Received  Applicant Notified  Advisor Notified  ACT! Noted

