



INTERNATIONAL INSTITUTE OF REFLEXOLOGY

Presents

A Special Intensive Six Day Workshop

This Workshop is only for International Institute of Reflexology® students who are very serious about having a Professional Clinical Reflexology Practice and have completed our Phase I Workshop. There will be a limited registration on a first come basis (limit 8 students). This Workshop will include Theory, Precision technique work, Clinical Practice and much more. After completion of this Workshop you will be ready to take your Certification exam as soon as you complete your 100 documented sessions and have studied for the Theory portion and have practice the advanced techniques and working the hands.

Dates:

May 7 - 12, 2018 Monday - Saturday

Hours:

9:00 am to 5:00 pm

Location:

Lee Siebert
St Petersburg, Florida
Private Residence
Address provided at registration
email: leesiebert@reflexology-usa.net

Fees:

- ◆ \$100.00 Non-refundable Administrative fee due with registration
- ◆ \$ 650.00 Tuition Balance "Early Bird" Special if registered no later than March 26, 2018
- ◆ \$ 725.00 Tuition Balance if registered after March 26, 2018
- ◆ \$ 500.00 Tuition Balance if you have attended a 6 day or a Phase 3 Workshop
- ◆ Tuition Balance is due by April 7, 2018

Cancellation Policy:

- ◆ Administration fee - non-refundable
- ◆ Due to limited class size the Tuition fee is only transferable to the next Intensive Workshop if cancellation is made by April 7, 2018

What you will learn:

- ◆ Perfect the techniques learned in the Phase I & II Workshop.
- ◆ Advanced Foot Reflexology techniques.
- ◆ The Art of working Hands efficiently.
- ◆ Special Carpal Tunnel exercises.
- ◆ Working for specific health conditions.
- ◆ Business practices.
- ◆ Clinical work with outside clients.
- ◆ And much more.

International Institute Of Reflexology

Attn: Lee Siebert
PO Box 12642
St Petersburg, FL 33733-2642
Phone: (727) 320 5802

Workshop Location:
St Petersburg, FL
May 7 - 12, 2018

6 Day Workshop Registration Form

Please fill out all questions to process registration (please print).

Full legal name: _____ / _____ / _____
Last First Middle Initial

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Home: () Cell phone: ()

Email: _____

Are you involved in any other health field (if so what?): _____

Will you be needing CEU's? ____ For & License #: _____

In case of emergency notify: _____ Relationship: _____

Phone number: () Cell Phone: ()

Applicant's Signature: _____ Date of Application: _____

Sometimes we get students who are interested in sharing sleeping accommodations. If you would like to share expenses with another student please let us know and we will pass your contact information to those who wish to share expense. Please put my name on the list ____ .Please note IIR is not responsible for this arrangement.

I wish to register for the Special Six Day Intensive Reflexology Workshop on **May 7 - 12, 2018**

Location:

Private Residence
Address given at registration
St Petersburg FL 33716

Deposit of \$100.00 due with registration:

Check Money Order Credit Card:

I hereby authorize the International Institute of Reflexology to deduct payment for this workshop from my credit card that I have provided. I declare the information is true and correct and that I agree to pay the total amount according to the card issue agreement.

Credit Card Number: _____

Expiration Date: _____ 3 digit security number (located on back of card): _____

Signature: _____

"Early Bird" Tuition Balance of \$ 650.00 OR Tuition Balance of \$725.00 due by April 7, 2018

YES Please charge my card for the Tuition Balance on April 7, 2018(signature) _____