



**INTERNATIONAL INSTITUTE OF REFLEXOLOGY**

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**May 23 - 28, 2016**

**TRAINING THE TRAINER WORKSHOP:**

I have understand that I will be retaking the I.I.R. Exam (written and practical). If I do not pass that I will not be continuing with this special workshop and I will not lose my certification.

**(please print and mail in completed form)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal (Zip) Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Administrative Fee: \$150.00**

Check or money order       Credit card: Discover       Visa       Master card

\_\_\_\_\_ credit card number      \_\_\_\_\_ expiration date      \_\_\_\_\_ 3 digit sec #

\_\_\_\_\_ signature on card

How many clients do you see on a average week? \_\_\_\_\_

Do you have any experience with teaching others? \_\_\_\_\_

Do you have any experience with public speaking? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

What other health modalities are you involved with? \_\_\_\_\_

What area's are you interested in teaching? \_\_\_\_\_

Are you willing to travel? \_\_\_\_\_

\_\_\_\_\_ (initial) I fully understand by taking this special workshop that it does not guarantee me a teaching internship contract with the International Institute of Reflexology.