



Pre-Registration Form for All I.I.R. Registered Workshops

INTERNATIONAL INSTITUTE OF REFLEXOLOGY

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Phase I **Phase II** **Phase III** **Refresher Phase III** **Phase IV** **Phase V**

I have completed a minimum of 25 documented sessions for the Phase III Workshop

Please note: Each Phase is a 2 day workshop

(please print)

Name _____

Address _____

City _____ State _____ Postal (Zip) Code _____

Phone: _____ Cell Phone: _____

Email address: _____

WORKSHOP: City _____ State _____ Date _____

Non Refundable Administrative Fee: \$125.00 (or \$100 EARLY BIRD if registered 30 days Prior)

Make checks payable to the respective Instructor unless noted to the I.I.R.

Check or money order Credit card: Discover Visa Master card

credit card number

expiration date

3 digit sec #

signature on card

For all workshops please mail to respective Instructor.