



Society of Ortho-Bionomy International®
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Application to Registered Practitioner Training Program

Name _____ Date _____

Home Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____ Phone (Home) _____

Business Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____ Phone (Work) _____

E-mail _____ Website _____

Check if new address information

Enrollment Fee: \$100.00

Make your check or money order payable to The Society of Ortho-Bionomy International (U.S. Dollars).

Please do not send cash. You may also pay by Visa or MasterCard.

Visa/Master Card Number _____ Expiration Date _____

Signature _____

ADVISOR INFORMATION

Program Advisor _____ Signature _____

DOCUMENTATION OF ENTRANCE REQUIREMENTS

Phase IV Workshop Date _____ Location _____

Instructor's Printed Name _____

Signature of Instructor _____

Ortho-Bionomy sessions with Registered Instructors or Registered Practitioners:

Date _____	Practitioner/Instructor Signature _____
_____	_____
_____	_____

I am a member of the Society of Ortho-Bionomy in good standing. Membership Number: _____