

REGISTRATION FORM

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY/TOWN _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ COUNTRY _____

E-MAIL _____ CERTIFIED BREEMA PRACTITIONER? YES / NO

❖ Please note your previous experience with Breema: _____

❖ Please let us know about any health concerns that might affect your participation: _____

PLEASE ENROLL ME IN THE FOLLOWING COURSE(S):

NAME OF COURSE:	DATES OF COURSE:	TOTAL TUITION:
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT ENCLOSED:

• Visa/Mastercard number _____ Expiration date _____
 Billing street number _____ Billing zip code _____ CVV code _____

- Personal checks must be drawn on U.S. banks only.
- Certified Breema Practitioner Discount: If you are already a Certified Breema Practitioner (CP), your tuition is 50% of the full tuition for the course. *No early payment discounts apply.*
PLEASE NOTE THIS EXCEPTION: The CP rate for the Advanced Breema & Self-Understanding Workshop is \$100.

PLEASE SEND ME:

- ACCOMMODATION INFORMATION (Local hotels, motels, Bed & Breakfasts, private homes in our neighborhood who rent rooms to our students)
- TRANSPORTATION INFORMATION (Getting to the Breema Center from Oakland or San Francisco airports, driving directions, BART train service)

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