

BODY LANGUAGE BOSTON 2012 Application



Registration Guidelines

- Acceptance into this program is entirely at the discretion of Kinesis.
- Familiarity with the *Anatomy Trains* second edition and other Anatomy Trains material is recommended.
- Minimum enrollment number must be met in order for the course to proceed as scheduled.
Please refrain from making travel reservations until you receive a confirmation email from our office.
- If you have any questions, please contact us prior to submitting this application and deposit.
All deposits are non-refundable unless your application is denied or the course is cancelled by Kinesis.

Please answer the following. Use a separate sheet of paper if more space is needed. Be specific and detailed.

Personal Information

Name: First

Middle

Last

Address

City

State

Postal code

Country

Home phone

Office phone

Cell phone

Email address

Website address

Professional Orientation

Have you attended any Anatomy Trains/Tom Myers workshops in the past? Please specify:

Date	Title	Location	Instructor
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Date	Title	Location	Instructor
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Date	Title	Location	Instructor
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Date	Title	Location	Instructor
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Name

What is your academic background?

List degrees and certifications earned, name of school and date of graduation. Include both academic and professional education. Be sure to list any state or national credentials you currently hold.

What is your current occupation and/or practice specialty?

Please give a general account of your work history, particularly manual or movement training. Also include the average number of clients you see each week and the number of years you have been in practice.

Name

What are your personal interests?

So that we may get to know you better, please give us a brief summary of your hobbies and personal interests.

What do you hope to gain from this experience?

Please discuss your reason for enrolling in this training program and what you hope to gain from it.

Have you had any legal infractions?

Have you ever been charged or convicted of a crime, or plead guilty or no contest to a crime (other than minor traffic offenses)? List dates and details.

Name

Your Health

Please let us know if there are any specific physical health issues that we should be aware of. Check all that apply and make special notes if necessary which could be useful in an emergency.

Allergies

High/Low Blood Pressure

Skin Conditions

Spinal/Skeletal Problems

Heart Conditions

Neurological Problems

Diabetes

Diagnosed psychological or emotional conditions

Medication

Certificate

Upon completion of the course you will receive a certificate of attendance. Please specify how your name should appear on the certificate:

Emergency Contact Information

Who should we contact in case of an emergency?

Name	Relationship	State of residence
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Phones: Home	Work	Cell
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Checklist

Please return to us the following:

- This application
- Photo
- Copies of your certificates and diplomas
- \$500 deposit (make checks payable to Kinesis; call office to pay with credit card)
- Payment Plan if desired; call office to pay with credit card

Send materials to:

Kinesis, Inc. - Attn: Body Language Enrollment
318 Clarks Cove Road, Walpole, ME 04543
or email to: info@AnatomyTrains.com
No faxes, please!