

Correct Breathing Concepts, LLC

INITIAL PROGRAM REGISTRATION FORM

Carol Baglia, CBP, RRT
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Buteyko Institute of Breathing & Health
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1-888-748-8874

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216-952-7048
facsimile 440-357-5864
Email: carol@correctbreathing.com

Name: Mr/Mrs/Ms _____ Telephone numbers _____
Address: _____ Home: _____
_____ Work: _____
_____ Mobile: _____
Email: _____ Fax: _____

** Children under 16 must be accompanied by a parent or guardian.*

Workshop Fee Schedule

The fee for the program is **\$450**. A **\$50** deposit is required to reserve a seat, with the balance due by the third day of the program, unless special arrangements have been made in advance.

Save \$100! Prepay for the workshop two weeks or more prior to workshop date, pay only **\$350**.

Workshop Date

I wish to enroll in the **Buteyko** course beginning _____, 200__.

Circle preferred time of day for the classes: Morning or Afternoon or Evening

Payment Method

I am paying the full amount I am paying a \$ 50 deposit

By signing below, I am authorizing the charge to the following method of payment:

____ Mastercard _____ Visa _____ Cash _____ Personal check

Credit card number: _____ Expiration date: _____

3 digit security code on back _____

5% processing fee for Mastercard/Visa

Full
amount:



Deposit:



30-day money-back guarantee

I understand that unless I try the **Buteyko** technique for the first four days of the course that I am not entitled to receive a refund of any of the money I have paid if **Buteyko** is not working for me.

I have invested time and money into improving my health and realize it is in my best interest to comply with the **Buteyko** method as instructed by the certified practitioner in order to experience its benefits. I further understand that, providing I attend the course for the required four days, I may claim a full refund of the money I have paid any time within thirty days from the **Buteyko** course commencement date by contacting Carol Baglia at *Correct Breathing Concepts, LLC*.

Signature _____ Date: _____