



4158-B LIBRARY ROAD ◇ PITTSBURGH, PA 15234 ◇ 1-877-716-4879
 www.phipilates.com

PHI® PILATES COURSE REGISTRATION FORM

(If you prefer not to register via the online store, please fill out this form and either mail to the address above or fax to 1-877-716-4879)

*Prices subject to change.

(Please Print)

COURSE INFORMATION

Course Title: (Check All That Apply)

(Early registration payment must be received 15+days in advance of scheduled training. Registration payments received within 15 days of registration will endure a \$25 late fee per training. A \$35 NSF fee will be applied for returned checks.)

- Pilates Mat Level I - \$475
 Pilates Mat Level II - \$350
 Reformer I - \$699
 Reformer II - \$699
 Reformer III - \$699
 Mat with Props - \$350
 Arcs & Barrels - \$399
 Wunda/Combo Chair - \$399
 Tower/Cadillac - \$399
 Integrated - \$399

Other (Specify):

Manuals & Materials for Course: (Check All That Apply)

- Pilates Mat Manual (Required for both Mat Level I & II Courses) \$35 plus S&H and Tax where applicable (7% for PA Residents)
 Tower/Cadillac Manual (Required for Tower/Cadillac Course) \$25 plus S&H and Tax where applicable (7% for PA Residents)
 Integrated Manual (Required for Integrated Course) \$25 plus S&H and Tax where applicable (7% for PA Residents)
 Reformer Manual (Required for both Reformer Foundations I & II) \$35 plus S&H and Tax where applicable (7% for PA Residents)
 Using Small Props for Big Results Manual (Required for Pilates Mat with Props & Pilates Arcs & Barrels Courses) \$19.95 plus S&H & Tax where applicable (7% for PA Residents)
 The Pilates Chair: Challenge The Core Manual (Required for Wunda/Combo Chair Course) \$19.95 plus S&H and Tax where applicable (7% for PA Residents)
 Pregnancy DVD (Required for the Pregnancy Course) \$29.95 plus S&H and Tax where applicable (7% for PA Residents)

Workshop Date:

Workshop Location:

PERSONAL INFORMATION – Print Legibly

Name:

Street Address:

P.O. Box No./Apt./Floor:

City:

State:

ZIP Code:

Home Phone No.:

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Cell Phone No.:

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Employer Phone No.:

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*Email Address (Required):

Method of Payment:

- MasterCard
 Visa
 American Express
 Discover
 Personal Check
 U.S. Money Order

Card #:

Expiration Date:

Security Code:

Name As It Appears On Card:

Total Charge:

Signature:

Billing Address: (If different from above)



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PHI® PILATES CREDIT CARD AUTHORIZATION FORM

I, _____ give PHI Pilates authorization to charge my credit card.
Print Name

Signed:

Signature

Date: _____

Please fax this form along with a copy of the front and back of your credit card and driver's license to: 1-877-716-4879 or mail to us at: 4158-B Library Road, Pittsburgh, PA 15234.

*****Please be aware that your photocopies will be shredded and will not be kept on file.*****