

Name:

PATH INT'L Interactive Vaulting Workshop & Cert.

June 1st -4th, 2020





PATH Member ID: _____

Registration (Form A): To register for this workshop complete this form A & form B and send it

with the required fee to the address below .Candidates for certification will not be allowed to register without also submitting a copy of proof of PATH Intl. Registered or Instructor Membership. All certification candidates will need to have completed all prerequisites at least 32 days prior to the on-site certification (this does not apply for those only participating in the workshop).

	Street	City		State	e ZIP
Phone:_		Ema	nil:		
		REGISTE	RATION:		
	Interactive Vaultir	ng AUDITOR	_	\$125.00	
	Interactive Vaultir	ng WORKSHOP ON	LY	\$450.00	
	Interactive Vaulting CERTIFICATION OF		ONLY	\$400.00	
	(Must provide copy of va	lid workshop certifica	te.)	
Check	c enclosed (make payak	ole to Reins of Life)			
Credi	c enclosed (make payak t Card: Visa Date: CVS	MCDiscov		Pho	
Credi	t Card: Visa Date: CVS	MCDiscov (on back) :	\$Amt:	Pho	ne:
Credi Exp. [Name	t Card: Visa Date: CVS e on Card:	MCDiscov (on back) : e Print	\$Amt: Email:	Pho	ne:
Credit Exp. [Name Billing	t Card: Visa Date: CVS e on Card: Pleas	MCDiscov	\$Amt: Email:	Pho	ne:
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Credit Exp. I Name Billing Send regist Reins of Lif	c Card: Visa Date: CVS e on Card: Pleas g Address: Stree ration forms (A & B) a	MCDiscove (on back) : e Print t and full payment to	\$Amt: Email:	Pho	ne:

Cancellations after deadline will receive 50% refund. No refund will be granted after May 15. You will receive your Phase

Cancellations prior to the registration deadline of April 19th, 2020 will receive full refund minus \$50 service fee.

Two Packet and lodging information once your registration forms (A & B), payment; and if certifying, proof of Registered Instructor status.