

# Core Movement Integration Training Program

Moving well and fit for the rest of your life.



## PRACTITIONER CERTIFICATION PROGRAM REGISTRATION FORM

*You can either 1. simply print this form and fill it out and mail it with payment as described below; or 2. fill it out on your computer, click the print icon, change Destination to "Save as PDF" and then click Save; email your saved pdf to [cmitteam@gmail.com](mailto:cmitteam@gmail.com)*

### CMI PRACTITIONER CERTIFICATE PROGRAM

Entry Level  
100 hours

Name:

Address:

E-mail Address:

Telephone: work:

home:

cell:

Professional Background:

Practice Specialty:

Intention & Outcomes:

- What do you want to do, achieve, realize by taking this 100-hour program?
- Are you experiencing body issues that might be addressed and resolved in this 100-hour training program?

With this deposit of \$300, I declare my intention to join and receive the full benefits of the CMI 100-hour program as described in the document Core Movement Integration Practitioner Certification Program Level 1 - 100 hours. During my course of study, my deposit will remain intact and will be applied to the final approximately 15 hours of my course of study. If, for any reason, I decide to discontinue the program, I will give 30 days' written notice. My deposit will be applied to any outstanding payments due and refunded less a registration fee of \$100.

Payment Options:

- 1) Check for \$300 to Core Movement Integration sent to CMI, Box 322, Maynard MA 01754.
- 2) Website payment via PayPal in the sum of \$300 + a non-refundable \$15 service charge can be made at [core-integration.com](http://core-integration.com).

**Signed**

**Date**

**Call for more information 978-461-0221**