

*Complete this form in Black Ink and BLOCK CAPITAL LETTERS and return by email to Pilatique Pilates & Physiotherapy Studio *

First Name:				Last Name:		
Company Name:				Occupation:		
Mobile No.:				Email:		
Address:						
City:				State / Province:		
Postcode:				Country:		
Date of Birth:				Gender:	Male \square	Female
Contact Person: (in case of emergency)				Contact No.:		
INTENSIVE PRO	GRAM					
IMP Mat-Plus			AM Advanced Matwor	rk Repertoire	Anatomy Re	view
IR Reformer			AR Advanced Reformer Repertoire		Postural Analysis Review	
ICCB Cadillac, Chair and Barrels			ACCB Advanced CC&B Repertoire			
ISP Injuries & Special Populations			WORKSHOPS			
START DATE(S)	REQUESTED					
COURSE REGIST	RATION					
				00% materials fee. Space is I		ons will be processed on a first come-
Prices are subject to	to change without notice.	Fees	for courses and work		d course materials	or applicable taxes unless stated. Fu
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, VVAIVER	harahy ralanga Dilatiqua	tm D:I	atas Studio and the las	antion in which this source or	wantahan ia haina l	and from any responsibility or liability
the event of my incurring any	tique tm workshops. I am fully ninjury or exacerbating any porior injuries so as not to sus	awa orevio	re that I am participations result in the conditions of the conditions are the conditions of the condi	ng in these sessions at my ow s. I fully intend to use commo	on risk and will not lon sense when prac	neld, from any responsibility or liabilit hold those named above responsible i ticing Pilates and will be mindful of m e consulted with my physician to mak
Signature					Date	
PAYMENT METHO	OD					
Payments should be m	ade in Ringgit Malavsi	ia (R	(M) without chard	es for the beneficiary	as follows:	

Cheque / Telegraphic Transfer should be made payable to:

BALANCED WORKOUT SDN. BHD.

Bank Account Number: 5141-2362-2200

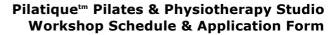
Bank: Maybank Berhad,

> 66 Jalan Maarof, Bangsar Baru, 59100 Kuala Lumpur, Malaysia.

SWIFT Code: MBBEMYKL

* We do not accept registration into our courses from pregnant students. Normally it is considered safe and desirable to workout during pregnancy as the workout is being tailored to an individual and her particular stage of pregnancy, however courses cannot be geared to pregnancy or to that particular individual. We believe that by allowing participation by a pregnant student, we expose both ourselves and the student to unnecessary risk *







RELEVANT EDUCATION
please list related degrees, diplomas, post secondary or certificate courses and workshops
describe anatomy education (musculoskeletal / biomechanics)
(include number of hours, when/where you studied)
list related certification (e.g. ACE, CSCS, AFAA, etc. please specify)
RELEVANT EXPERIENCE
outline your teaching experience (describe subject taught / years teaching)
describe your personal experience in dance, fitness or other body work (how many years / how recently)
outline your Pilates experience (describe when & where, STOTT PILATES or other) \bigcup_{None} $\bigcup_{\text{1-10 hours}}$ $\bigcup_{\text{10-30 hours}}$ $\bigcup_{\text{30+ hours}}$
PERSONAL INFORMATION
have you any injuries, conditions (including current / recent pregnancy) or postural issues that may affect your performance during the course? (medical clearance may be required)
how did you hear about STOTT PILATES / STOTT EDUCATION?
how did you hear about Pilatique™ Pilates Studio?
why are you interested in becoming a STOTT PILATES certified instructor?
how do you plan to use your certification (how will you be applying your knowledge)?
are you using this course to fulfill continuing education credits?

web: www.pilatique.com email: enquiry.my@pilatique.com