To apply for registration - return this form to Bernard Langan:

Bernard Langan In Motion Center 1091 Calcot Place Suite 412 Oakland, CA 94606

Or by respond by email

blangan@stillnessinmotion.com

Orthopedic Cranial Therapy December 9 -11, 2016 Registration Form



| Your Name | | |
|-------------------|----------------------|-------------|
| Phone | | |
| Email | | |
| Occupation | | |
| Please check one: | Continuing Student | New Student |
| Previous Bodywork | k Experience | |
| Why do you want t | to take this class ? | |

I will contact you once I receive your application and it has been approved; Registration is made through your payment for the seminar