



Registration Form

Neurology and Pilates: A functional approach to Neuroscience and Pilates

Conducted by: **Serafino Ambrosio**

Sat, 2 May 2015, 11am-1pm

Location: Iso Fit

Hours: 2

Polestar CECs: 2

Pre-Requisites: Pilates Enthusiast

Roller and Ring Creative Moves Workout

Conducted by: **Serafino Ambrosio**

Sat, 2 May 2015, 2pm-4pm

Location: Iso Fit

Hours: 2

Polestar CECs: 2

Pre-Requisites: Pilates Enthusiast

Elastic Pilates Madness: More Moves n Grooves

Conducted by: **Serafino Ambrosio**

Sat, 2 May 2015, 4.30pm-6.30pm

Location: Iso Fit

Hours: 2

Polestar CECs: 2

Pre-Requisites: Pilates Enthusiast

(Continued on following page)





**Please complete, sign and fax (or scan and email) to Iso Fit.
 Fax no: (+852) 2869-6903, E mail: adwayburne@isofit.com.hk**

Mr []/Ms [] (First/Family): _____ / _____

Certificate Name _____

I am a: [] Standard Registrant [] Polestar Grad [] Polestar Student

Polestar Student Number (If applicable): _____ Contact Tel: _____

Email: _____

Qualifications: _____

I would like to participate (please tick the relevant boxes) in:

Regular Price (HKD)	<u>Neurology and Pilates</u> (11am-1pm)	<u>Roller and Ring</u> <u>Creative Moves</u> <u>Workout (2-4pm)</u>	<u>Elastic Pilates</u> <u>Madness</u> (4.30-6.30pm)
	<u>2nd May 2015</u>	<u>2nd May 2015</u>	<u>2nd May 2015</u>
1 Workshop (\$675) – Please indicate choice	[]	[]	[]
2 Workshops (\$1200) - Please indicate choices	[]	[]	[]
3 Workshops (\$1,775) – Please tick all 3 boxes.	[]	[]	[]

10% discount for Polestar grads, 5% discount for Polestar students

Please make full Payment on Registration. Payment Instructions on next page.

Terms and Conditions:

- 1) Registration will be confirmed once full payment has been received.
- 2) Successful registrations will be confirmed by email from Iso Fit.
- 3) Places in course will be allocated on a first come first served basis.
- 4) Course participants participate in the course entirely at their own risk and will waive all claims against the course presenter, Polestar Pilates Education, Polestar Pilates Asia, Iso Fit for any injuries or damages suffered during the course or resulting there from.
- 5) No refund of fees paid, if participant cancels before the start of the course.

Acknowledged and agreed:

Participant's Signature : _____ **Name:** _____



Iso Fit acts as collection agent for Polestar Pilates Asia Inc. and Gyrotonic® Hong Kong

Iso Fit Remittance Instructions

Please make all payments to: **Iso Fit**.

1. By cash, cheque or credit card (Visa, Mastercard, Amex) paid at Iso Fit studio or transfer to HSBC current account under name **Iso Fit**, account Number: 500-434261-001. (Please send email to david@isofit.com.hk when transferring).

For payments settled from **outside Hong Kong**:

2. Telegraphic Transfer.

Bank: HSBC

Bank Address: 1 Queen's Road,
Central, Hong Kong.
Swift code: HSBCHKHCHK

Beneficiary name: Iso Fit

Bank Code: 004

Account number: 808-120950-838

(Please send email to: david@isofit.com.hk when you make your remittance-Thank you)

3. By Credit Card (Master Card and Visa Card only)

Please Print Clearly: Complete, Sign and Fax to: +852-2869-6903

To: Iso Fit-On behalf of Polestar Pilates Asia Inc.

Please debit my credit card (Master/Visa only) for

In words: HK\$

For:

My Credit Card Details are as follows:

[] Master Card [] Visa

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: (mm/yy): _ _ / _ _ 3 Digit Security Code: _ _ _

Name on Credit Card: _____

Signature as appears on Credit Card: _____