

2018 Iyengar Yoga Weekend Intensive Series with Chris Saudek January 12-14, March 9-11, and May 4-6

Name _____

Address, including Zip Code _____

Phone # _____

Email _____

Place a Check mark in the box next to your registration choice for the 3-weekend series.

1st price (nonmembers) / 2nd price (YCOM members).

For information on YCOM membership, see www.yogacoop.com

SELECT ONE OPTION ONLY UNDER YOUR PRIMARY TRACK *

TRACK 1 –those who are not certified in the Iyengar Yoga System

- Option 1** Friday A.M. Asana + Teaching Methodology Class (TMC) -- \$250/\$230
- Option 2** TMC + Friday Evening Asana -- \$330/\$310
- Option 3** Option 2 + Track II Asana/Restorative/Pranayama -- \$710/\$660
- Option 4** Option 3 + Observe Track II TMC -- \$850/\$790

TRACK 2—those who are certified Iyengar Yoga Instructors

- Option 1 Sat/Sun Asana, TMC and Restorative/Pranayama -- \$560/\$520
- Option 2 Option 1 + Friday Evening Asana -- \$640/\$600
- Option 3 Option 1 + Observe Track I-- \$750/\$700
- Option 4 Option 3 + Friday Evening Asana -- \$830/\$770

*** Select the option you want even if you need to sign up for less than the full series. See instructions on page 2.**

We also want to know your:

Current Certification Level: _____

Primary Teacher: _____

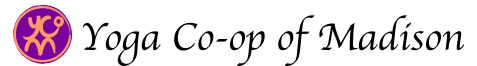
Interested in further certification? _____

If yes, in what year do you anticipate applying? _____

Using the box below, please include information about the following:

- **Request for Exception to Registration for Full Series:** Indicate the dates and reason you would need to miss and contact Faith Russell to inquire about fees.

Registration Form



- **Scholarship Fund:** If you would like to be considered for a scholarship, please include a brief description of your reason for need.
- **Special Circumstances:** Please include on the Registration Form any significant injuries or special circumstances that you feel Chris should know about.

Type to enter text

Steps to Complete Registration:

1. Fill out the Registration Form and Save it to Your Computer with Your Name in the Title
2. Send the completed Registration Form as an attachment to Faith Russell: faithrussell@charter.net
3. Mail your deposit. A check made payable to the Yoga Cooperative of Madison with your \$100 deposit (or, full payment if you prefer) must be mailed to:
Faith Russell
606 Clemons Avenue
Madison, WI 53704
PLEASE NOTE: YOUR REGISTRATION WILL NOT BE CONSIDERED COMPLETE UNTIL YOUR DEPOSIT IS RECEIVED.
4. Full payment is due by December 15. An installment option is available (see "Additional Information" on the Program Information Page) – but all checks must be received by December 15.

Registration will be confirmed upon receipt. If you do not receive confirmation, please e-mail Faith Russell (faithrussell@charter.net) or call Faith at 608-287-6619 to inquire.