



**In order for immediate processing, please print and send application to:**

West Coast Pilates and Health  
#102 - 1001 Cloverdale Ave.  
Victoria, B.C. V8X 4C9  
Ph. (250) 590.6923  
Fax. (250) 590.3585

**CONTINUING EDUCATION WORKSHOP APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL\* : \_\_\_\_\_

PHONE: \_\_\_\_\_ home

\_\_\_\_\_ mobile

**WORKSHOPS I PLAN TO ATTEND:**

1. Workshop Name: \_\_\_\_\_ Workshop Date: \_\_\_\_\_

Location: \_\_\_\_\_

2. Workshop Name: \_\_\_\_\_ Workshop Date: \_\_\_\_\_

Location: \_\_\_\_\_

3. Workshop Name: \_\_\_\_\_ Workshop Date: \_\_\_\_\_

Location: \_\_\_\_\_

**2 hour workshop \$90 plus HST = \$100.80**  
**3 hour workshop \$135 plus HST = \$151.20**  
**4 hour workshop \$180 plus HST = \$201.60**  
*Unless otherwise posted on website listings.*

**TOTAL AMOUNT OWING \$ \_\_\_\_\_ (fees above INCLUDE HST)**

**Payment Method**

\_\_\_\_\_ deposit only      OR      \_\_\_\_\_ full payment  
\_\_\_\_\_ credit card (*following credit card authorization form must be completed and accompany this form*)  
\_\_\_\_\_ cheque      \_\_\_\_\_ money order

**SPACE WILL ONLY BE RESERVED UPON FULL PAYMENT WITH APPLICATION**  
**Workshops are NON REFUNDABLE**  
**ALL courses and workshops must be processed through the Victoria (Head Office) Studio**



## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ of the above address have hereby given the following company authorization to charge my credit card for payment of STOTT Certification programs and CEC workshops.

DATE OF PAYMENT: \_\_\_\_\_

PAYEE: West Coast Pilates and Health

### Payment Information:

Use credit card number on file \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Balance owing: \$ \_\_\_\_\_

Visa/MasterCard No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Credit cards will not be processed without this authorization**