

Intelligent Heart, Compassionate Mind

Cranio-sacral Certification Training
with Beth Cachat

Registration Form

Last Name First MI

Mailing Address

City State Zip Code

Home Phone Work Phone Cell Phone Email Address

Gender: M F

Age _____

Tuition Payment Option (circle one): Plan A Plan B Plan C

Why do you want to take the cranial course?

Please tell me about your background?

Make checks payable to: **Cranial Rhythms**

Mail to:
Cranial Rhythms
17401 135th Ave NE #1
Woodinville, WA 98072