



REGISTRATION FORM (Please print)

Name _____ Telephone _____

Address _____
Street Apt. # City State Zip

I'd like to register for the following:

EXERCISE / MOVEMENT CLASSES

Title _____ Day _____ Time _____

Session (please circle): 1 2 3 Cost: \$135 for each 6-week session
Other amount: _____

Title _____ Day _____ Time _____

Session (please circle): 1 2 3 Cost: \$135 for each 6-week session
Other amount: _____

Title _____ Day _____ Time _____

Session (please circle): 1 2 3 Cost: \$135 for each 6-week session
Other amount: _____

EDUCATIONAL WORKSHOPS

Title _____ Date(s) / Time(s) _____

Cost: _____

Title _____ Date(s) / Time(s) _____

Cost: _____

Amount enclosed \$ _____ Method of payment: Check Credit Card* Money Order

***PLEASE NOTE: Credit Card payments are accepted in person only at the ICC. Thank You.**

Register early for classes as class size is limited! Please feel free to copy this form or use a separate sheet of paper if you need additional space. Thank you!

REGISTRATION GUIDELINES

Please mail your completed registration form and payment to:

Integrative Care Center
635 Madison Avenue, 5th Floor
New York, NY 10022
Attn: Class Registration

Payment

We accept personal checks (made payable to **Integrative Care Center/HSS**), Visa, Master Card, American Express and Money Orders. Checks will not be deposited until the class/workshop begins. All forms of payment will reserve your space in the class/workshop. Credit card payments are accepted in person only.

Registration

We must receive your payment and registration form no later than **one week prior** to the date of the event. Class registrations will be guaranteed only if payment has been received on a first-come, first-served basis. **No telephone registrations will be accepted**, and no one may register for another person. Please note: **For both new and continuing students, the only way to guarantee your space in a class is to prepay.**

MD Consent

Participants are required to submit their doctor's approval/consent to participate in the following classes: Tai Chi for Better Balance and OsteoFitness.

Confirmation

Confirmation letters are sent out only if there is sufficient time for mailing. To ensure that you receive a confirmation letter, please return your registration form and payment so that it arrives at least one week prior to the program start date to avoid last-minute cancellations due to insufficient registration. Please feel free to call to verify that you are registered.

Class Attendance and Make-ups

Class instructors will monitor class attendance each week. If you will miss a class and/or wish to make up a class, you must contact the instructor to make the appropriate arrangements. Make-up classes will be permitted within the current 6-week session only; no "roll-overs" to subsequent sessions will be granted. If you miss a class and are unable to arrange a make-up with the instructor, that class will be lost. No exceptions.

Refunds or Course Credit

An administrative fee of \$25.00 will be deducted for cancellations. A refund or course credit is available if you cancel up to one week prior to the start of the program/class. No refunds or credits will be given if you do not attend an event without giving prior notice. If you start a multi-session class and decide not to continue, no credit or refund will be issued. There are no refunds or course credit for one-time workshops.

Cancellation due to lack of enrollment

The Integrative Care Center reserves the right to cancel any program due to insufficient enrollment. Registrants will be notified by telephone within 24 hours prior to the event. Full refunds or course credit will be issued.