

In-Spiraling Movement Arts

Rice Release Technique™

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Registration Form

Name of Course: _____

Date of Course: _____

Experience: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day- _____ Evening- _____

E-mail: _____

Please make all checks payable to “In-Spiraling Movement Arts”

I have enclosed my **deposit or full payment** of _____ to reserve my place in the above course. I understand that all deposits are non-refundable and non-transferable and that the balance is due on the first day of the course. I also understand that no video or recording equipment is allowed and that courses may be cancelled due to lack of confirmed participants. I also understand that my deposit and signature below is required to hold my place in this course.

Signature: _____ Date: _____

Cancellation of courses is contingent upon confirmation of not less than 6 candidates in which deposits will be refunded.

Please contact us if you have any questions