

Buteyko Asthma Education Company USA

INITIAL REGISTRATION FORM

2507 Brewster Rd
Indianapolis IN 46268
email: Buteyko@buteyko-usa.com

317-824-0328
Toll free 1-877-ASTHMA-3
www.buteyko-usa.com

Name: Mr / Mrs / Ms /Miss _____

Address: _____

Telephone:

Home: _____

Work: _____

EMAIL: _____

WORKSHOP*

I wish to enroll in the Buteyko course in _____ beginning on _____

**Children under 16 must be accompanied by a parent or guardian.*

The fee for the workshop is \$450.

A \$50 deposit is requested for a workshop reservation. The balance is due on day 3 of the workshop unless special arrangements have been made in advance. There is a 30 day money-back guarantee. If you prepay the entire amount by 2 weeks before the start date there is a \$100 discount.

I am paying the full amount.

I am paying a \$50 deposit

I am interested in a payment schedule

I plan to pay using:



CHECK

CASH

Payable To :
Buteyko Asthma Education

(please do not mail cash)

Credit Card Number: _____

Expiration Date: _____

I understand that unless I try the Buteyko technique for the first four (4) days of the course I am not entitled to receive a refund of any of the money I have paid if Buteyko is not working for me.

I further understand that providing I attend the course for the required four (4) days, I may claim a full refund of the money I have paid any time within thirty (30) days from the Buteyko course commencement date.

Signature _____ Date: _____