



Workshop Pre-registration Form

Workshop Attending: _____

Date of Workshop: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Payment Method (circle one):

Master Card Visa Check (made payable to *Now and Zen Yoga*)

For Master Card / Visa payments:

Amount of payment: _____

Credit Card Number: _____

Expiration Date (month/year): _____

3-Digit Security Code: _____

(found on the back of the card in the signature box)

Name as it appears on card (please print): _____

Signature: _____

Mail this form and payment to:

Now and Zen Yoga
PO Box 51146
Indian Orchard, MA 01151