Workshop Registration Form

Name _____ Tel ( ) - (day) (eve) (cell)

Address _____ City _____ State ____ Zip ____

Email _____ Workshop Date _____ (Level I) (Level II)

Amount Enclosed _____ (deposit) (full payment)

Make all checks and money orders payable to ANDY CAPONIGRO

Send to:
THE MIRACLE OF THE BREATH
PO Box 381
Hadley, MA 01035-0381

More information about the specific location, travel distances, and what to wear or bring to the workshop will be sent to you as soon as we've received your deposit. A list of nearby hotels, motels and bed and breakfast accomodations is available upon request.