

Registration form for Intro to Anusara Yoga Workshop **Sunday Feb. 19th, 2012**

Name _____

Phone _____

Address _____

City/State/Zip _____

Email Address _____

To register you may bring the completed form to the studio, call, or mail.

To send by mail-please send to our mailing address:

(*Note: This is not the studio location)

Springs Yoga Studio
6595 G Roswell Road
No. 658
Atlanta, GA 30328

Payment Options: (Circle One)

Check Enclosed

Credit Card Visa/Mastercard/Amex (If paying at the studio do not include card #)

Card Number: _____

Expiration Date: _____

Signature _____

Location: Springs Yoga Studio
4920 Roswell Road, Suite 3, Atlanta, GA 30342
404.781.9642
www.springsyoga.com