

TheraSuit Method® Training Registration Form

Name:	
Employer/Practice:	
Address:	
City:	
State:	
Zip Code:	
Country:	
E-mail:	
Phone:	
Fax:	

The date and location of the training course you would like to attend:

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Please fill out this form and e-mail to office@suittherapy.com or fax to 1-248-757-2794.

Thank you

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