



**Integrative Yoga and Personal Trainer Certification Program**  
2012 Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Past experience with yoga, fitness and other movement modalities:

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Previous trainings, workshops or certifications in the health and wellness field:

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Do you have any physical limitations, injuries or medical conditions that could affect your involvement in the program? Please describe.

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Are you interested in pursuing a career in wellness or are you taking this training for personal enrichment only? If you are seeking a wellness career - please describe your ideal work situation.

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What is your current relationship with personal development and the concept of emotional intelligence?

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What is your current profession/occupation?

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Past degrees and education outside of health and wellness:

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How did you hear about the Vera Wellness certification program?

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Include a deposit of \$300 with this application to reserve your spot in the certification program. Due to our training beginning with a retreat - this deposit will not be refundable after 2 weeks prior to the start date of training. \$25 of this deposit is a non-refundable application fee.

**Please Indicate your Intended Payment Plan (after deposit):**

\$2800 single payment due by Tuesday, January 10, 2012 (this reflects the early bird discount of \$200)

\$3000 single payment due by day one of training

\$1100\* (three payments auto deducted from your account first three months of training)

\$ 610\* (six payments auto deducted from your account per month for 6 months)

There are no refunds given for any reason after the start of the course.

\* If you select either of the payment plans - you must pay via a debit or credit card and include that information below.

**Form of Payment:**  Visa  M/C  Check  Cash

If paying with a credit card, please fill out the following, or call us with your information.

**Credit Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **VCode on back of Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please make checks payable to Vera Fitness

Submit form & payment in person at Vera Fitness Fremont or mail to the address below.

**Vera Wellness**  
Attention :: Valerie Burlingame  
701 N. 36th St, Suite 330 Seattle, WA 98103 206.632.4900  
www.VeraFitness.com