



**Date:**

**Name:**

**E-mail address:**

**Phone (specify cell, day or evening):**

**Address:**

**MARK THE WORKSHOP FOR WHICH YOU ARE REGISTERING:**

Full Year (10 workshops January - December)

Individual workshops (check below)

	Jan 14 – 15, 2012	<b>The Spine as a Limb #1:</b> Head & Neck
	Feb 11 – 12, 2012	<b>The Spine as a Limb #2:</b> Sacrum & Tail
	March 17 – 18, 2012	<b>Grounding:</b> Feet are Fundamental
	April 14 – 15, 2012	<b>Developmental Movement #1:</b> Spinal Patterns
	May 12 – 13, 2012	<b>Developmental Movement #2:</b> Fluids & Pre-Vertebral Patterns
	June 9 – 10, 2012	<b>Creating Movement:</b> The Muscular System
	Sept 15 – 16, 2012	<b>Organizing Movement:</b> PNF Patterns
	Oct 13 – 14, 2012*	<b>Synthesis:</b> Asana Analysis #1
	Nov 10 – 11, 2012*	<b>Synthesis:</b> Asana Analysis #2
	Dec 8 – 9, 2012*	<b>Transitions:</b> Embodied Mind Part 2

**PRE-REQUISITES FOR THE SOMATIC SYNTHESIS WORKSHOPS:**

1. Previous training in anatomy & kinesiology. (Possible prior training could be a course with Leslie Kaminoff or Amy Matthews or a 200 hr Yoga Teacher Training or equivalent training in another discipline.)  
Please list your previous training:

2. One year's experience teaching. Please list your most recent teaching experiences:

**PLEASE FILL OUT THE FIRST TWO PAGES OF THIS FORM, AND RETURN TO:**  
The Breathing Project, 15 W 26 ST 10<sup>TH</sup> Floor, NY, NY 10010 or register@breathingproject.org  
**KEEP THE THIRD PAGE FOR YOUR OWN REFERENCE**

**Please answer the following questions, in as much detail as you can:**

1) Where do you currently practice or teach? How long have you been teaching? What do you teach? (Yoga, dance, pilates, gyrokinesis, martial arts, gyrotonics, personal training, etc.) Do you work with groups or individuals? Both?

2) How did you hear about this course?

3) What do you consider your strengths as a teacher?

4) Where would you like to have more choices in your teaching? What would you like to gain from this course?

5) Do you have any injuries or health conditions that are relevant to your participation in this course? Do you wish for this information to be kept private?

6) The schedule for each Somatic Synthesis Workshop is: **Saturday & Sunday 9 am – 6 pm**  
Do you have any commitments that would prevent you from being present, or from arriving to the sessions on time?

\_\_\_\_\_ Please sign that you have read and understood the payment policies outlined on the following page. (Keep the following page for your own reference.)



**ADVANCED STUDIES PROGRAM:  
2011/12 SOMATIC SYNTHESIS WORKSHOPS  
PRICES & PAYMENT POLICIES**

**PRICE:**

Full year (10 workshops)	\$3,300
Individual workshops	\$400 each

**EARLY REGISTRATION DISCOUNT:**

Pay for the full year (10 workshops) 4 weeks in advance and receive \$300 off

Pay in full for a single workshop 4 weeks in advance and receive \$25 off

**PAYMENT POLICIES:**

- A deposit (\$500 for the full year/\$200 for individual workshops) is required to hold your space in the workshop. Class size is limited.
- To receive the early registration discount full payment must be received 4 weeks before the workshop begins.
- Full payment must be received on the first day of the workshop unless a payment plan has been arranged in advance.
- Payments are refundable up until the first day of the workshop, minus a 15% processing fee.
- Payments are non-refundable once the workshop has commenced. However, payment can be used as a credit for later enrollment in a workshop.
- Registration is available for the full weekend only. There is no pro-rated enrollment for single days.
- Payment plans and limited work-study opportunities are available.
- Late payments will incur a \$25 fee.

**POST-PROGRAM ATTENDANCE:**

Once you have taken a Somatic Synthesis Workshop, you are welcome to return to that workshop as a student for ½ price - space allowing, and at the discretion of the teacher.

If you have completed all three Ed.Y. courses, you have the option of returning to the workshops as an assistant. There is no charge for assisting, but there is a further application process.

**Questions? Please email [register@breathingproject.org](mailto:register@breathingproject.org) or call 212-979-9642.**

**KEEP THIS PAGE FOR YOUR OWN REFERENCE**