



# Certified Fitness Coordinator Workshop Registration Form – 2010

Organization \_\_\_\_\_ Workshop Site \_\_\_\_\_  
 Address \_\_\_\_\_ Workshop Dates \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Dept. Contact Person \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

*Email Address* \_\_\_\_\_

Name(s) [TYPE OF PRINT NEATLY]	Recertification*?	Tuition per Person**
1 _____	<input type="checkbox"/>	_____
2 _____	<input type="checkbox"/>	_____
3 _____	<input type="checkbox"/>	_____
4 _____	<input type="checkbox"/>	_____
5 _____	<input type="checkbox"/>	_____

**TOTAL AMOUNT** \_\_\_\_\_

**Payment Information**

Payment Enclosed  Purchase Order/Check Number \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CCV # \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_  
 Street \_\_\_\_\_  
 ATTN: \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(\*\*) Tuition and Refund Policy (#)**

\$599 – per enrollee  
 \$299 – recertification for former attendees\*

\*\* Full refund for cancellation *more than 22* calendar days before workshop starts; \$250 charge for cancellation *within 22 days* of workshop (per enrollee); no refund *within 7 days* of workshop start. We reserve the right to cancel a workshop. In the event of cancellation, enrollees may transfer to another workshop or receive full refund.

# **College Credit is available, call for details**  
**ACE continuing education credits are pending for this course**

**CFC Workshop Information**

- The daily schedule\*\*\* for all workshops is:
  - Monday: **9 a.m. – 5 p.m.**
  - Tues - Thursday: **8 a.m. – 5 p.m.**
  - Friday: **8 a.m. – 2 p.m.**

Directions and lodging information are sent with confirmation upon receipt or registration  
 Dress casual. Bring athletic wear, a calculator, notepaper, pen and pencils. The course manual is given to attendees at the workshop.  
 \*\*\*NOTE: Class times are typical, but may be changed due to class or

To register, complete this form, make a copy for your records, and mail the original or fax it with a copy of your purchase order (or PO number) or check (made payable) to:

\* NOTE: Your certification must be current in order to qualify for the recertification price of \$299.

**HEALTH METRICS, INC.**  
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