

Goodwin Studios 2001 S. Barrington Avenue Ste #115 Los Angeles, CA 90025 PH (310) 235-2100 info@goodwinstudiosllc.com www.GOODWINSTUDIOSLLC.com

Registration Form

Name of Course:					
Date of Course: Home Studio: Pre-Trainer/Master Trainer:					
			Level 1 Cert Update: N/A	or Date	
			Name:		
Address:					
City:	State:	Zip:			
Phone: Day	Evening				
E-mail:					
Please make all checks payable studio with your credit card in 7 days of payment in order to f	formation. Pleas	e submit this form within			
I have paid with credit card or encloses———————————————————————————————————	e in the above course ble. I understand tha the course may be ca I that photos, video,	e. I understand that all deposits t the balance is due on the first uncelled due to lack of or recordings are not allowed.			
Signature:		Date:			
Cancellation of courses is contingent	t upon confirmation	of not less than 6 candidates			
in which deposits will be refunded.	Please contact us if y	ou have any questions.			