



THERAPEUTIC
TRAINING CENTER, INC.

Polarity Therapy Registration Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Profession Licensed In: _____

**Applied Polarity Practitioner (APP) Program - Base Tuition is \$2,620
\$200 Deposit due with registration (\$100 is non refundable)**

For each class below, indicate the date that you plan to take it (or took it) and circle or if it's new and you need to take it or if you have previously taken it.

Polarity Therapy General Session	Date _____	New / Previously Attended
Polarity Therapy Structural Session	Date _____	New / Previously Attended
Polarity Therapy Revitalizing Energy Session	Date _____	New / Previously Attended
Polarity Therapy Ether Element	Date _____	New / Previously Attended
Polarity Therapy Air Element	Date _____	New / Previously Attended
Polarity Therapy Fire Element	Date _____	New / Previously Attended
Polarity Therapy Water Element	Date _____	New / Previously Attended
Polarity Therapy Earth Element	Date _____	New / Previously Attended
Polarity Therapy Nervous System & Stars	Date _____	New / Previously Attended

**Polarity Therapy 5 Elements Program - Base Tuition is \$1,400
\$100 Deposit due with registration (\$50 is non refundable)**

For each class below, indicate the date that you plan to take it (or took it) and circle or if it's new and you need to take it or if you have previously taken it..

Polarity Therapy Ether Element	Date _____	New / Previously Attended
Polarity Therapy Air Element	Date _____	New / Previously Attended
Polarity Therapy Fire Element	Date _____	New / Previously Attended
Polarity Therapy Water Element	Date _____	New / Previously Attended
Polarity Therapy Earth Element	Date _____	New / Previously Attended

Additional Expenses

APP Estimated Expenses:

Textbooks (required) \$ 100
5 Professional PT Sessions: \$ 500

PT 5 Elements Estimated Expenses:

Textbook (required): \$ 45

All payments may be made by check or credit card.

Initial deposit due with registration:

Please make checks out to:

Therapeutic Training Center or TTCI

Please mail registration/checks to: Registrations can be faxed to:

*Therapeutic Training Center
PO Box 66864
Seattle, WA 98166.*

206.243.5185