

Please print the following information and mail with payment to: Burdenko Water and Sports Therapy Institute

P.O. Box 590177 Newton Centre, MA 02459

Burdenko Certification May 19-20 2018

Name_____

Home Address_____City_____State_____Zip Code_____

Phone_____Email_____

Business Name_____Business Phone_____

Business Address_____City_____State_____Country_____

REGISTRANTS WILL RECEIVE CONFIRMATION LETTER UPON RECEIPT OF PAYMENT

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