

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 September 23-24 2017

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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