

Deerfield Healing Arts

Acupuncture Therapies • Zero Balancing • Mentoring • Classes in Zero Balancing
www.deerfieldhealingarts.com

Lisa J. Berger, M. Ac.

Licensed Acupuncturist, Dipl. Ac. (NCCAOM)
Certified Zero Balancer and ZB Faculty Member

194 North Main Street
South Deerfield, MA 01373
413-397-9800

REGISTRATION OPTIONS:

1. Fill out and mail the registration form to the above address with your payment or request to pay by credit card.
2. Send an email with the information requested on the form to lberger@crocker.com.
3. Call 413-397-9800.
4. After July 1st, go to www.zerobalancing.com and register from a link on the course calendar detail page.

Refund and Cancellation Policies:

Tuition is fully refundable up to 30 days prior to a class start date or may be applied toward another class. A \$50 processing fee applies for cancellations made inside of 30 days.

If a class is cancelled, Lisa will refund your tuition payment in full and will give as much notice as possible.

Zero Balancing Courses with Lisa Berger

Zero Balancing I

August 14-17, 2010 (Sat. – Tues.) in South Deerfield, MA
Tuition paid by July 14th: \$545, after July 14th: \$595

Zero Balancing II

Nov. 4-7, 2010 (Thurs. — Sun.) in South Deerfield, MA
Tuition paid by Oct. 4th: \$545, after Oct. 4th: \$595
Combined tuition for ZB I and ZB II paid before the end of ZB I: \$995

Review Day

October 3, 2010 in Western Mass.
Tuition \$100, please register by September 18th

Alchemy of Touch

March 24-27, 2011 in South Deerfield, MA
Tuition paid by Feb. 24th: \$645, after Feb 24th: \$695
** Pay only \$545 if you register by January 24th or are repeating this course and a ZBHA member.

Deerfield Healing Arts

Acupuncture Therapies • Zero Balancing • Mentoring • Classes in Zero Balancing

www.deerfieldhealingarts.com

Lisa J. Berger, M. Ac.

Licensed Acupuncturist, Dipl. Ac. (NCCAOM)
Certified Zero Balancer and ZB Faculty Member

194 North Main Street
South Deerfield, MA 01373
413-397-9800

ZB Course Registration Form

Print and mail to the above address or include this information in an email.

Today's Date _____ Course Name and Dates _____

About You:

Name & Profession _____

Mailing Address _____

_____ Email _____

Phone number(s) _____ Fax _____

Check if you are:

Certified Member Certification Candidate Associate Member Mentor In TT4

Payment Information:

Tuition Amount _____ Amount Enclosed _____ or Amount for Email Invoice* _____

*Lisa will send an email with an online link to pay by credit card.

NOTE: You may register with a deposit of \$100 or more. Early registration discount assumes payment in full one month in advance of the course.

Balance Due _____

Describe any special payment requests. _____

Other Information:

I can bring a treatment table.

I would like information about lodging options.

I can offer a place to stay for other students.

I heard about this course from _____

Any special needs or questions? _____

*** Lisa will send a letter to your email address confirming your registration and informing you of class hours and other relevant information. Check if you prefer to receive this by Fax or Mail.

Thank you! I look forward to our time together. Lisa