

ISADORA DUNCAN



INTERNATIONAL INSTITUTE

Registration Form

Name _____

Address _____

City _____ State _____ Zipcode _____

Email Address _____

Phone (cell) _____ (Evening) _____

Fax Number _____

Program Title _____

Date of Program _____

General Student Certificate Program Candidate

Check Enclosed: Full Payment Deposit

I would like to pay via PayPal

Billing email address: _____

Full Payment Deposit

- Please make checks payable to Isadora Duncan International Institute, Inc.
- Full payment is required for Seasonal Enhancers
- \$100 deposit by check is required for Certificate Program Weeks. Full payment required by first day of workshop.

For further information, please call:

Phone (212) 753-0846

Fax (212) 688-8213

e-mail: info@idii.org

www.idii.org

Kindly Send To:

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New York, NY 10065