

## Registration Form

Name	☐ Please contact me to answer further questions☐ Please add my name to the mailing list
Address	
City State Zipcode	<ul> <li>Full payment is required for Seasonal Enhancers</li> <li>\$100 deposit is required for Certificate</li> </ul>
Email Address	Program Weeks
Phone (daytime) (Evening)	<ul> <li>\$500 deposit is required for Mythic Journeys Abroad</li> </ul>
Fax Number	For further information, please call:
Program Title	Phone (212) 753-0846 Fax (212) 688-8213
Date of Program	e-mail: info@idii.org www.idii.org
Enclosed: (Full Payment)\$ Deposit \$	č
Status of Registration:	Kindly Send To: Isadora Duncan International Institute, Inc.
☐ General Student ☐ Certificate Program Candidate	150 East 61st Street, Suite 11C New York, NY 10021