



## GYROTONIC® 2010

Conducted by Authorized GYROTONIC® Master Trainers  
**Dawna Wayburne**

Venue : Pantai Integrated Rehab Services  
Ground Floor, Pantai Hospital Ampang (formerly known as Pantai Indah)  
Auditorium  
Jalan Perubatan 1, Pandan Indah  
55100 Kuala Lumpur , Malaysia

Time : 9.30 am – 3.30 pm (Tentative)

| Course   | Dates   | Fee US\$/<br>Person | Studio Fee<br>US\$ Person |
|--|---|---------------------|---------------------------|
| <b>GYROTONIC®<br/>Level 2 Prep</b><br><br>Pre requisite<br>Certified Gyrotonic Level 1 | <b>28<sup>th</sup> - 30<sup>th</sup> June 2010<br/>(3 Days)</b> | <b>\$ 350.00</b>    | <b>\$ 150.00</b>          |

**Payment:** All **Course Fee** to be paid direct to Isofit Hong Kong

\* All **Studio Fee** to be paid to Pantai Integrated Rehab in **Ringgit Malaysia** based on the exchange rate of the day. Payment by Cheque to Pantai Integrated Rehab Services Sdn Bhd

**NOTE:**

**Registration 8.30 – 9.00 am**

- Lunch break is around 1pm - 2pm each day, but may vary slightly.
- Refreshments (snacks and drinks) provided during courses.
- Please come dressed for appropriate exercises

**Enquiries please contact:**

Rosnah Jusuf or Lisa

Tel: 03 4291 1203 Fax: 03 4291 1201

HP: 012 339 4282

Email: [rehab@pantai.com.my](mailto:rehab@pantai.com.my) / [rosjusuf@pantai-rehab.com.my](mailto:rosjusuf@pantai-rehab.com.my)



**GYROTONIC®/ Gyrokinesis®  
INSTRUCTOR COURSE/EXAM REGISTRATION  
FORM  
(each applicant to complete separate form)**

Name: Mr [ ] / Ms [ ] \_\_\_\_\_ (will appear on certificate)

First \_\_\_\_\_ Family \_\_\_\_\_

Date of birth: dd/mm/yyyy \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Country : \_\_\_\_\_

Profession: \_\_\_\_\_ Fitness Qualification(s): \_\_\_\_\_

Please give details of when and where complete the Final Certification for Gyrotonic® and with which Master Trainer

\_\_\_\_\_

\_\_\_\_\_

I wish to Register for the following course(s): [ ] **Level 2 GYROTONIC Prep Course 28<sup>th</sup> June – 1<sup>st</sup> July 2010**

**VAT or other taxes may be payable at some locations in addition to the above fees. Please check with studio.**

**Terms and Conditions of Registration**

- 1) Registration to a course/exam will be confirmed once "Deposit Payable" has been received and applicant has fulfilled all necessary pre-requisites for the course/exam.
- 2) Balance Payable must be paid at least 3 weeks before start of course/exam.
- 2) All successful registrations will be confirmed by email or fax or letter.
- 3) Places in a course/exam will be allocated on a first come first served basis.
- 4) Course fees include instruction, course manual, light refreshments and Certificate of Attendance when applicable.

**Cancellation/Refunds**

- 5) Pantai Integrated Rehab reserves the right to cancel or postpone courses if there are less than 6 participants registered.
- 6) Deposits paid are not refundable unless the course/exam, for which the deposit was paid, is cancelled.
- 7) Registration may be cancelled by participant up to 30 days before the course/exam in which case deposit paid will be refunded less a US\$100.- administration fee.  
No refund of deposits/fees paid for cancellations made 29 days or less before the course/exam

**I have read and agree to the above Terms and Conditions of Registration.**

|             |                  |     |
|-------------|------------------|-----|
| Name: _____ | Signature: _____ | [ ] |
|-------------|------------------|-----|



GYROTONIC®

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## **Remittance Instructions**

Please make all payments to: **Gyrotonic Hong Kong.**

1. By cash, cheque or credit card (Visa, Mastercard, Amex) paid at Iso Fit studio or transfer to HSBC current account under name **Gyrotonic Hong Kong**,  
**Account Number: 400-335923-838** (please send email to [david@isofit.com.hk](mailto:david@isofit.com.hk) when transferring).

For payments settled from **outside Hong Kong**:

2. Telegraphic Transfer.

**Bank:** HSBC

**Bank Address:** Room 402A, 4/F, China Insurance Group  
Building, 141 Des Voeux Road Central, Hong Kong

**Beneficiary name:** Gyrotonic Hong Kong

**Account number:** 400-335923-838

2. By Credit Card (Master Card and Visa Card only)

**Please Print Clearly: Complete, Sign and Fax to: 00852-2869-6903 or 00852-28106778**

To: Iso Fit\*

Please debit my credit card (Master/Visa only) for US\$ \_\_\_\_\_

In words: **US\$** \_\_\_\_\_

For: \_\_\_\_\_

**Kuala Lumpur, Pantai Integrated Rehab**

My Credit Card Details are as follows:

Master Card       Visa

Credit Card Number: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Expiry Date: (mm/yy): \_ \_ / \_ \_

Validation Code: \_ \_ \_ (3 digit Security Code)

Name on Credit Card: \_\_\_\_\_

Signature as appears on Credit Card: \_\_\_\_\_

**\*Iso Fit acts as Credit Card collection agent for Gyrotonic Hong Kong.**