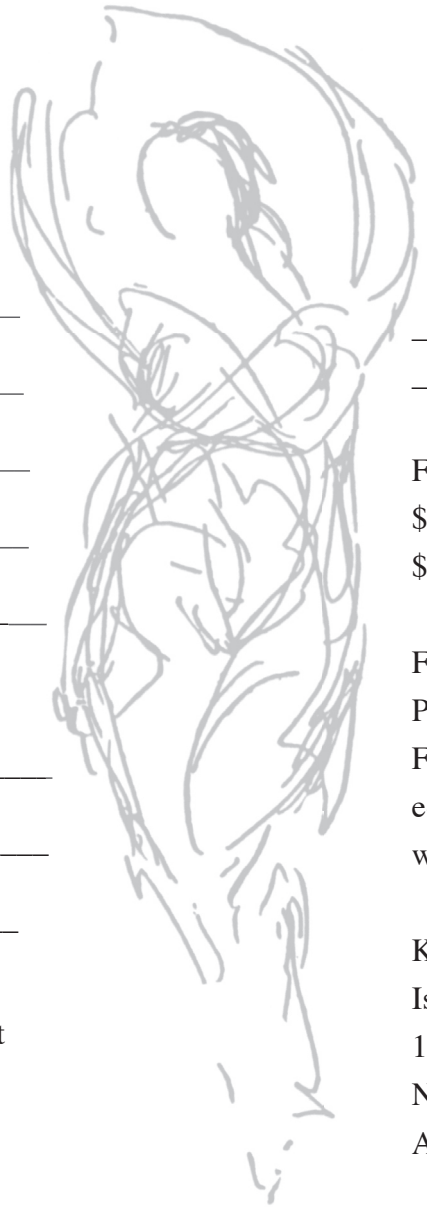
ISADORA DUNCAN INTERNATIONAL INSTITUTE, INC.

REGISTRATION FORM



NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

E-MAIL ADDRESS_____

PHONE (day)_____ (evening)_____

FAX NUMBER_____

PROGRAM TITLE_____

DATES OF PROGRAM_____

ENCLOSED:(Full Payment) $_____ Deposit $_____

STATUS OF REGISTRATION (circle one):
Certificate Program Candidate General Student

_____Please contact me to answer further questions
_____Please add my name to the mailing list

Full payment is required for Seasonal Enhancers
$100 deposit is required for Certificate Program Weeks
$500 deposit is required for Mythic Journeys Abroad

For further information, please call:
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ADDITIONAL COMMENTS: