

Spacial Dynamics Institute
129 Hayes Road
Schuylerville, NY 12871

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In-Service Training Program Application Form

___ Group 1: Mechanicville, NY ___ Group 2: Los Gatos, CA
___ Group 3: Austin, Texas

Name: _____

Address: _____

Date of Birth: _____ Sex: _____ Age : _____

Tel. Home: _____ Work: _____

Email: _____ Fax: _____

Marital Status: _____ Children: _____

Present Employment: _____

Brief Biography: Please attach a separate sheet of paper with your biographical information, including educational and employment background and relevant medical history.

Handwritten Statement: Please attach a handwritten outline of the reasons for your interest in Spacial Dynamics and how you might intend to use this training.

Terms: Annual tuition is \$2500 per year. No refunds can be given for courses that are not attended. Enclose a nonrefundable \$100 Application Fee, sign, and return. A recent photograph of yourself would also be appreciated. A **medical statement, waiver and release form**, and a **tuition contract** will be sent to each applicant upon acceptance into the training program. Please return it to the office within two weeks of receipt.

I understand and agree to the above terms.

Signature _____ Date _____