



# DanzSynergy Studio Registration Form

## STUDIO INFORMATION:

Studio Name: \_\_\_\_\_

Studio Address: \_\_\_\_\_

\_\_\_\_\_

Studio Phone #: \_\_\_\_\_

Studio Owner: \_\_\_\_\_

# of Students Attending: \_\_\_\_\_

Ages of Students Attending: \_\_\_\_\_

Level of Students (Please breakdown numerically):

\_\_\_\_\_ Beginners    \_\_\_\_\_ Intermediate    \_\_\_\_\_ Advanced

Number of Teachers Attending (2 at no charge): \_\_\_\_\_

Names of Teachers Attending: \_\_\_\_\_

\_\_\_\_\_

Additional Teachers at \$25 each: \_\_\_\_\_

**PLEASE FAX FORM TO 1-800-278-8907**

## Method of Payment due by August 1, 2008:

Check

Credit Card

Please mail check to:  
DanzEmergencee LLC  
P.O. Box 45  
New York, NY 10101

Credit Card type (Master/Visa/Amex/Other) \_\_\_\_\_  
Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

*Option to pay online with Pay Pal or call with your  
Credit Card information 1-800-278-8907 ext. 101*