



P.O. Box 370906 • Miami, FL 33137-0906
Tel: 305-573-4946 Toll Free: 1-866-573-4945 Fax: 305-573-4461
www.pilatesmethodalliance.org

TEACHER TRAINING PROGRAM LISTING APPLICATION

Please fill out this section to be included as a Teacher Training Program Listing. PMA Teacher Training Program Listings will expire after one calendar year from date of application. Information marked with an asterisk (*) will appear on the PMA web site. Information marked with a double asterisk (**) will appear on both the PMA web site and the PMA Pilates Day web site.

CONTACT INFORMATION:

**Teacher Training Program Name _____
**Studio Name (if different) _____
*Street Address _____
**City _____ **State _____ *Zip+4 _____ *Country _____
*Contact Name _____
**Contact Phone # (_____) _____ Fax# (_____) _____ Alt# (_____) _____
*E-mail _____ *URL _____

*APPARATUS: (Please check all that apply)

____ Mats
____ Reformer
____ Trap Table
____ High Barrel
____ Spine Corrector
____ Wunda Chair
____ Ped-o-Pul
____ Magic Circle
____ Small Pilates Apparatus

*CLASSES/WORKOUT SELECTION OFFERED: (Please check all that apply)

____ Private
____ Duet
____ Semi-Private
____ Group Mat
____ Group Reformer
____ Group Tower
____ Group Wunda Chair
____ Other

*PROGRAM SPECIFICS:

Type of Pilates Teacher Training Program offered: (Please check all that apply)

____ Comprehensive Teacher Training (Programs of 450 hours or more)
____ Courses of Study

Teacher Training Program Director: (Name) _____
(If Director is PMA Pilates Certified™ this information will be provided on the web. If the Director is not, nothing will appear.)



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TEACHER TRAINING PROGRAM SPONSORSHIP LISTING APPLICATION (cont'd)

*PLEASE GIVE AN OVERVIEW OF YOUR TEACHER TRAINING PROGRAM(S) (75 WORDS MAXIMUM):

By typing my name in the space below, I certify that the above information is true and complete.
I understand that falsification of any of the information may result in the revocation of this listing.

Name _____ Date _____

PAYMENT OPTIONS

Fee: \$300.00 (PMA MEMBERS)
\$500.00 (NON-MEMBERS)

Please check one of the following:

Check () Money Order () Credit Card ()

Visa () Mastercard () AMEX () Discover ()

Card Number: _____ Expiration Date: _____

Security Code: _____ (This 3-digit number is located on the back of your card (AMEX: 4 digits on front of card))

By typing my name in the space below and submitting this form to the PMA, I hereby authorize the Pilates Method Alliance to charge my credit card.

Name _____