



AIS Northwest, LLC
2603 Bridgeport Way W. Ste. C
Tacoma, WA 98466
Phone: (206) 992-4029

“Active Isolated Stretching Practitioner” Basic Level Application Form

PLEASE PRINT LEGIBLY

Name _____

Address _____ City _____

State _____ Country _____ Zip Code _____

Phone _____ Email _____

1) Seminars Completed (**Submit copies of ALL Certificates of Completion with application**):

Seminar	Date	Location	CEUs

2) Competency Test (optional):

(Signature of Instructor)

(Date)

The administrative fee of **\$50** is due when you submit your application. Make check payable to **AIS Northwest, LLC**. Instructor fee in the amount of **\$150-\$300** is paid to the assigned instructor directly if testing out.

Signature _____ Date _____

Administration Only

Fees Paid _____ Check _____ CC _____ Verification of Seminar Certificates _____