



APPLICATION FORM

Method Putkisto Institute

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www.methodputkisto.com

Name:			
Address:			
Post Code:			
E-mail:			
Profession:		Date of birth:	
Telephone:		Mobile:	
Work experience (please enclose your CV):			
Please give details of any training in dance, movement, sports, music etc.:			
Why would you like to become a Method Putkisto Instructor?			
Who would you target as your client base for Method Putkisto?			

How do you see the business side of Method Putkisto developing?

How did you hear about Method Putkisto?

Which course(s) are you interested in?

MP Body Programme – Instructors Course _____

MP Face School Programme – Instructors Course _____

How would you prefer to receive information?

Post _____ E-mail _____ Phone call _____

Check list

Included CV _____

Workshop Date: 13th June 2009 _____

Cheque for £95 payable to The Method Putkisto Institute _____

Date

Signature