IAYT: SYMPOSIUM FOR YOGA THERAPY AND RESEARCH (SYTAR) January 18-21, 2007 Los Angeles, CA

First Name: _____ Last Name: _____

Phone: _____ (work) (home) (cell)

Street: _____City:_____

State or Province _____Postal Code _____Country _____

E-mail: _____@_____

- This form is to be sent to Yoga Alliance at the time of your RYT renewal.
  Yoga Alliance
  7801 Old Branch Ave., Ste. 400 PO Box 369
  Clinton, MD 20735

For questions please call the Yoga Alliance office: 877-964-2255 (toll free) or 301-868-4700 Website:www.yogaalliance.org

Date/Time	Session	Circle hours of CEU credits earned	Notes
1/18/07 2:30-6:00 PM	Workshop #1 or #2 or #3	3	
1/19/07 8:30-10:30 AM	Main Session #2	2	
1/19/07 11:00-12:30 PM	Main Session #3 and Main Session #4	1.30	
1/19/07 2:00-3:45 PM	Main Session #5	1.45	
1/19/07 4:15-6:15 PM	Practice Session	2	
1/20/07 8:00-10:30 AM	Main Session #6 and Main Session #7	2.30	
1/20/07 11:00 12:30 PM	Main Session #8	1.30	
1/20/07 2:00-3:45 PM	Main Session #9	1.45	
1/20/07 4:15-6:15 PM	Practice Session	2	
1/21/07 7:30-9:00 AM	Practice Session	1.30	
1/21/07 10:00-12:00 PM	Main Session #10	2	
Enter total hours (21 hours 30 minutes possible) >>>>>>>>>			