

**IAYT: SYMPOSIUM FOR YOGA THERAPY AND RESEARCH (SYTAR) March 6-9, 2008 Los Angeles, CA**  
**YOGA ALLIANCE CEU FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State or Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ (work) (home) (cell)

- This form is to be sent to Yoga Alliance at the time of your RYT renewal. Yoga Alliance, 7801 Old Branch Ave., Ste. 400, Clinton, MD 20735  
 For questions please call the Yoga Alliance office: 877-964-2255 (toll free) or 301-868-4700 Website: [www.yogaalliance.org](http://www.yogaalliance.org)

Date/Time	Session	Circle hours of CEU credits earned	Notes
3/06/08 2:30-5:30 PM	Workshop #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8	3	
3/07/08 7:00-8:00 AM	Practice Session	1	
3/07/08 9:00AM-12:30 PM	Main Session #1	3.5	
3/07/08 2:00-4:00 PM	Concurrent Track Session 1.01 or 1.02 or 1.03	2	
3/07/08 4:30-6:30 PM	Concurrent Practice Session #1 or #2 or #3 or #4 or #5 or #6 or #7	2	
3/08/08 7:00-8:00 AM	Practice Session	1	
3/08/08 9:00-11:00 AM	Main Session #2	2	
3/08/08 11:15AM-12:30 PM	Main Session #3	1.25	
3/08/08 2:00-4:00 PM	Concurrent Track Session 2.01 or 2.02 or 2.03	2	
3/08/08 4:30-6:30 PM	Concurrent Practice Session #8 or #9 or #10 or #11 or #12 or #13 or #14	2	
3/09/07 7:00-8:00 AM	Practice Session	1	
3/09/07 9:00 AM-12:30 PM	Main Session #4 and #5 (with 2-10 minute stretching breaks	3.5	
<b>Enter total hours (earn up to 24.25 credits) &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>			