

S.E.A.T.

SUPPORTED EXERCISE FOR AGELESS TRAINING



Select all or one of the following:

- ☐ 3 Video, Music & Choreo Kits
- ☐ 3 Certifications
- ☐ 3 Months Licensing

ENTER TO WIN!

\$1000
VALUE

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____

CELL PHONE: _____

FACILITY TYPE (CIRCLE ALL THAT APPLY): HEALTH CLUB REC CENTER RETIREMENT HOME

FACILITY NAME: _____

FACILITY CITY: _____ FACILITY STATE: _____

YOUR ROLE (CIRCLE ALL THAT APPLY):

CEO OWNER DIRECTOR MANAGER INSTRUCTOR TRAINER PHYS. THERAPIST

INTEREST: _____

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