

S.E.A.T.

SUPPORTED EXERCISE FOR AGELESS TRAINING



Select all or one of
the following:

- ☐ 1 Free Certification
- ☐ 1 Free Video, Music & Choreo Kit
- ☐ 1 Free 6 Month Membership

VALUE \$300!

ENTER TO WIN!

\$300
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 (CHECK ALL THAT APPLY):

☐ CEO ☐ OWNER ☐ DIR/MANAGER ☐ INSTRUCTOR ☐ TRAINER ☐ PHYS. THERAPIST

INTEREST: _____

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