



## **“The Relevance of the Apparatus Work to The Mat; A Working Overview”**

**Master Pilates Instructor: Edgar Tirado, former Level IV instructor for Romana Kryzanowska’s Pilates Teacher Training Program**

**Date: Saturday & Sunday, September 18<sup>th</sup>-19<sup>th</sup>, 2010**

**Time: Saturday: 2:00pm-6:00pm**

**Sunday: 10:00am-2:00pm**

**♥ Privates and Duets are available, Friday, the 17<sup>th</sup>-  
Sunday the 19<sup>th</sup> – Call Bonnie @ 720-971-0655**

**Workshop fee: Prior to August 18<sup>th</sup>, 2010: 1 day - \$150; both days - \$250**

**→ After August 18<sup>th</sup>, 2010: 1 day - \$175; both days: \$300**

**Location: Pilates of Boulder, 95<sup>th</sup> & Arapahoe (2770 Dagny Way, Ste. #106,  
Lafayette, CO 80026**

**REGISTER TODAY!**

## EDGAR TIRADO



*"Taking Control of your body one movement at a time."*

— Edgar Tirado, Certified Pilates Instructor, Teacher Trainer

Edgar's commitment is to the integrity of this work as taught by Joseph and Clara Pilates and the legacy that passes through **Romana Kryzanowska**.

Edgar Tirado and his wife Joan Hamilton own and operate The Work, Pilates in Anderson. The studio is located in Historic Downtown Anderson, South Carolina. It is one of the best equipped studios in the southeast with Tirado Pilates Apparatus. The studio also offers Teacher Training and Continuing Education Seminars.

Edgar Tirado began studying the Pilates Method in Atlanta in 1997. He was Certified by Romana Kryzanowska and was selected as a Level 4 Teacher Trainer with Romana's Pilates but currently works independently. He has worked to teach and maintain the integrity of Pilates through his studio, his work as a Teacher Trainer, in the teaching of seminars and workshops and in the manufacturing of this complete line of Pilates Apparatus.

**Registration Form****“The Relevance of the Apparatus Work to The Mat; A Working Overview”****With Romana’s Instructor: Edgar Tirado**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ wk: \_\_\_\_\_

**Date: Saturday & Sunday, September 18<sup>th</sup>-19<sup>th</sup>, 2010****Time: Saturday: 2pm-6pm; Sunday: 10am-2pm****Workshop fee: Prior to August 18<sup>th</sup>, 2010: 1 day - \$150.00; both days - \$250****→ After August 25<sup>th</sup>, 2010: 1 day - \$175.00; both days: \$300****Location: Pilates of Boulder: 95<sup>th</sup> & Arapahoe (2770 Dagny Way, Ste. #106, Lafayette, CO)****Terms and Conditions****REFUND POLICY:****Terms and Conditions**

*I understand that All Tuition is due 30 days prior to the first day of workshop.* Refunds will be made for cancellations sent in writing to the Pilates of Boulder, Inc., office via regular mail (attn: Bonnie Grebe) prior to August 25<sup>th</sup>, 2010 and will be subject to a \$75.00 cancellation fee. Cancellations made between August 26<sup>th</sup> and September 3<sup>rd</sup>, 2010, will be subject to a \$100 cancellation fee. **No refunds for cancellations on or after September 3<sup>rd</sup>, 2010. NO Exceptions.** Please allow 4-6 weeks for refund to be processed after the workshop date.

I understand that **Pilates of Boulder, Inc.**, reserves the right to terminate any student from the program for misconduct, and any other unprofessional behavior. In the event of termination from the program, I understand no refund will be issued. Misconduct is defined as alcohol or drug use, violent behavior, sexual misconduct, verbal or physical abuse, property damage or theft. I understand that I am participating at my own risk and agree to release and hold harmless **Edgar Tirado, Pilates of Boulder, Inc., and Rocky Mountain Pilates** and its employees from any and all liability. I have read and understand the guidelines and conditions of this workshop. I agree to all and understand the guidelines and conditions of this workshop.

**→I have read refund policy (signature required)** \_\_\_\_\_Please accept my \_\_\_\_\_ **Check** in the amount of \_\_\_\_\_ payable to \_\_\_\_\_  
Signature DatePilates of Boulder, Inc. or **Credit Card, MC** \_\_\_\_\_ **VISA** \_\_\_\_\_ **Am. Exp.** \_\_\_\_\_

CC# \_\_\_\_\_ EXP \_\_\_\_\_ CCV code \_\_\_\_\_

**Signature Required** \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form and check payable to: Pilates of Boulder, Inc.,  
4614 Starboard Dr.  
Boulder, CO 80301**

**PH: 303-443-2439 or 303-652-4176**