

*To Register:* Please return this form with a check or cash, payable to Kathy Ornish. Mail to:  
Kathy Ornish  
Center for Yoga  
1780 E. Grand River Ave.  
East Lansing, MI 48823

Class Day and Time \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Add me to the electronic mailing list \_\_\_\_\_