

WORKSHOP APPLICATION FOR REGISTRATION FORM
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Download, print and complete this form. Enclose with your check, made payable to DR. MICHAEL PICUCCI, and mail to: 85 Fifth Ave. #905, New York, NY 10003.

PLEASE COMPLETE THE FOLLOWING FIELDS (1-6. USE ONE REGISTRATION FORM PER EVENT, PLEASE.

1. NAME OF THE PROGRAM FOR WHICH YOU ARE ENROLLING:

_____.

2. DATE(S) BEING HELD: _____.

3. TOTAL COST OF PROGRAM: _____.

4. YOUR NAME: _____.

5. CELL (OR OTHER) PHONE: _____.

6. EMAIL: _____.

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A confirmation email will be sent to those registered.

**If you have questions, call our appointment and reception desk, ext. 0, on
800 409 5713 or 212 242 5052.**

Thank you and we look forward to welcoming you!