



**Reduce Stress  
Restore Perspective  
Improve Well-Being**

**UPCOMING CLASSES:**

**DATES:**

- July 12th - Sept. 30th (12 weeks)

**TIMES:**

- Mondays, 12:00 - 1:00 pm (July 12<sup>th</sup> – Sep.27<sup>th</sup>, 2010)
- Thursdays, 4:30 - 5:30 pm (July 15<sup>th</sup> – Sep 30<sup>th</sup>, 2010)
- Thursdays, 5:30 - 6:30 pm (July 15<sup>th</sup> – Sep 30<sup>th</sup>, 2010)

**COST:**

- 1 session/week - \$150.00 (12 classes)
- 10 class punch card - \$125.00 (10 classes; valid until October 12th)

**HOW TO REGISTER**

Online:

<https://secure.e-registernow.com/cgi-bin/mkpayment.cgi?state=1186>

In Person:

- Fill out the registration form on the back of this brochure and visit the hospital Cash Office to make a payment. Next, submit/fax the paid & stamped registration form to Katerina Vonj (contact info. below)
- Visa, American Express, MasterCard, Debit Card or Cash only
- Payroll deduction for program fees now available to SMH staff. Please contact or visit Katerina Vonj for this option ( contact info. below)

**FOR MORE INFORMATION:**

- Visit our program website:  
<http://www.stmichaelshospital.com/programs/nutrition/stlyoga.php>
- Contact:  
Katerina Vonj  
Administrative Assistant to the Steps to Less™ Program Coordinator  
Room 6056, 6<sup>th</sup> Floor, Cardinal Carter Wing  
Tel: 416-864-5243; Fax: 416-864-5414; Email: StepsToLess@smh.ca

Steps to Less™ reserves the right to modify programs, services and fees without notice.

**INVOICE**

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

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Steps to Less™ Yoga				
1.719203950.412020				
Service Description	Service Date	Cost before July 1st	Cost after July 1 <sup>st</sup> (HST)	Total
12 classes	Mon 12-1 pm ( or Fri 12-1 p.m. in place of statutory holiday)	\$150	\$162	
12 classes	Thurs 4:30 - 5:30 pm	\$150	\$162	
12 classes	Thurs 5:30 - 6:30 pm	\$150	\$162	
10 class punch card (valid for 3 months)	* Choose from any class on the schedule*	\$125	\$135	
10% off for Spring 2010 Weight Mgmt Participants (only applicable for 12 classes)		\$ 135	\$146	
PAR-Q form    Waiver form    Refund Policy form			<b>TOTAL</b>	

**FULL PAYMENT & THE 3 FORMS DUE BEFORE THE FIRST DAY OF CLASS TO CONFIRM REGISTRATION**

**\*\*\*NO REFUNDS AFTER THE FIRST DAY OF CLASS\*\*\***

<p><b>St. Michael's</b> Inspired Care. Inspiring Science.</p> <p>St. Michael's Hospital 30 Bond St. Toronto, Ontario M5B 1W8 Stefanie Senior Program Coordinator Tel: (416) 864 - 6060 ext 5842 Fax: (416) 864 - 5414 E-mail: StepsToLess@smh..ca</p>	<p>CASH/ DEBIT    CHEQUE PAY CHEQUE DEDUCTION</p> <p>I authorize St. Michael's Hospital to charge my:</p> <p>MASTER CARD AMERICAN EXPRESS VISA</p> <p>Credit Card Number: _____ Expiry Date: _____ Credit Card Holder: _____ Authorized Signature: _____</p>
	<p>Please drop off completed invoice in <b>Room 6056, Cardinal Carter Wing</b></p>