

Course/Subject	Duration/Frequency	Student Population	Organization/Location

Please tell us more about your teaching experience:

Name: _____ Date: _____

Signature: _____

For questions please contact:

Karl Ardo: karl@movinginstillness.com / 410-772-0083

Payment

Payment will be made when applicant has successfully fulfilled requirements. Applicant will make the payment to Moving in Stillness LLC after the application is approved and will mail the payment to below address.

Completed application Mail signed application to:

Karl Ardo
 Moving in Stillness LLC
 10537 Catterskill Ct
 Columbia MD, 21044