

# CERTIFICATE OF CONTINUING EDUCATION



The undersigned participant is awarded **5** Continuing Education Credits according to the guidelines set forth by the **Pilates Method Alliance®** for completion of:

## PILATES PRENATAL

Laura Rómulo Funes

Participant's Name

26/9/2015

Date of Attendance

*Luisa Core*

Signature of Provider

*Am*

Anna Alvarez  
Continuing Education Specialist

*Elizabeth Anderson*

Elizabeth Anderson  
Executive Director

**Provider Name:** MasterPilates Formacion SL

**Presenter Name:** Luisa Core

**Provider Number:** 100239

**Course Number:** 6394

**Issue Date:** Tuesday, April 14, 2015