**Iyengar Yoga Summer Intensive**

 ***with***

**Lois Steinberg**

**Monday July 30 – Sunday August 5, 2018**

**Iyengar Yoga Champaign Urbana**

**407 W Springfield Ave., Urbana, IL 61801-8810 USA**

**Phone: (217) 344-9642 www.yoga-cu.com info@yoga-cu.com**

**Fee: $475 due July 10, $500 after. Payment on-site for non-US residents. 36 hours CE**

*For dedicated Iyengar Yoga practitioners to deepen practice, skills, and knowledge. Minimum five years study in Iyengar Yoga under the guidance of a teacher with a CIYT. Please note that therapy issues will not be addressed in this course.*

**Schedule: Topics and times subject to change.**

**Mon, Jul 30** IYCU will be available at 9:00 AM for personal practice time.

2:00 – 2:30pm Introductions

2:30 – 3:30pm Pranayama

 4:00 – 6:00pm Asana

**Tues, Jul 31** 9:00 am – 12:00pm Asana

 3:30 – 4:30pm Pranayama

4:30 - 5:30pm Sutra Study with Gary Jaeger

5:30 – 6:30pm Mock Assessment/discussion

**Wed, Aug 1** 9:00 am – 11:30pm Asana

2:30 – 4:30pm Peer teaching. Students assigned to teach one pose from their syllabus to their peers. Lois will evaluate. Optional.

5:30 – 7:00pm Observe Therapeutic Class (permission only)

**Thu, Aug 2** 9:00 am – 11:30pm Asana

1:00pm Tubing on the Middle Fork, weather permitting.

6:30pm Potluck at Lois’, weather permitting.

**Fri, Aug 3** 9:00 am – 12:00pm Asana

 2:30 – 4:00pm Sutra Study with Gary Jaeger

 4:00 – 5:00pm Pranayama

5:30 – 6:30pm Mock Assessment/discussion

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**Sat, Aug 4** 9:00 am – 12:00pm Asana

 2:00 – 3:30pm Sutra Study with Gary Jaeger

4:00 – 5:30pm Pranayama

**Sun, Aug 5** 9:00 – 11:30 am Asana

**University Housing:** Complete the form [https://illinois.edu/fb/sec/8467652](https://illinois.edu/fb/sec/8467652%22%20%5Ct%20%22_blank), e-mail conference@illinois.edu or call (217) 333-1766. Check the web site for other housing information, directions to IYCU, and eating establishments.

*Cancellation received 72 hours prior to the workshop will be refunded less a $25 handling fee*

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**Registration Form** **- Yoga Intensive Monday July 30- Sunday August 5, 2018**

Name e-mail ­­\_\_\_\_\_\_

Address

City, State, Zip \_\_Phone: \_\_\_\_\_\_

**Amount enclosed $\_\_\_\_\_\_\_\_\_\_ Send by July 10!**

**Optional**:

I request to teach assessment style \_\_\_\_\_\_\_\_\_I request to teach peer group style \_\_\_\_\_\_\_\_\_

**Certification Level:**

Who is your primary teacher?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_