

Heart Opening Retreat Lake Tahoe

May 10-13, 2012

Your Name _____

Best # to reach you: h (_____) _____ c (_____) _____

Mailing/Billing address (for cc) _____

City _____ State _____ Zip _____

Email Address _____ How did you hear of us? _____

Age _____ Health Issues: Mental/Physical/Emotional (confidential) _____

Medications you are taking _____

TO REGISTER: Register by phone (928) 204-0067, or mail this form to Sedona Meditation, P.O. Box 1178, Sedona, AZ 86339, or fax it to (866) 654-1705, or email it to **sedonameditation@gmail.com** with full payment at least 5 days in advance of the retreat. **You'll receive a confirmation by email.**

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|--|---|
| <input type="checkbox"/> \$425 Early registration, 21 days in advance | <input type="checkbox"/> Onsite Housing \$150 per person for shared room. Roommate's name: |
| <input type="checkbox"/> \$475 Regular registration | _____ |
| <input type="checkbox"/> Alumni, save 20% | <input type="checkbox"/> Meals are included from Friday breakfast - |
| <input type="checkbox"/> Save 10% when you register with a friend | Sunday breakfast. Please indicate your dietary |
| <input type="checkbox"/> On-site Housing: Add \$300 for single room 3 | restrictions/preferences: |
| nights | _____ |

Full payment is required to reserve your space. Credit cards and checks are welcome. Please indicate form of payment, check one: ___ Charge retreat fee of \$ _____ to cc below or ___ Enclosed is a check.

CC # _____ Exp _____

Cancellation policy: Sometimes even the most airtight plans can change and we will do our best to be flexible if you should have to cancel your reservation unexpectedly. If you cancel your reservation more than 30 days prior, your deposit will be refunded less a \$50 cancellation fee to cover our administrative costs. If you cancel fewer than 30 days from the retreat date, we will refund 75% of your deposit. If you cancel less than 48 hours before the retreat, your retreat fee will be forfeited though you may apply the retreat fee (less the cancellation fees) or transfer it to a friend for another class or retreat within a year. If you have special mitigating circumstances please let us know.

My decision to take this workshop is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results. I understand that meditation is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. I further understand that any instruction given to me during the course is for me personally and may not be appropriate for others. I hereby agree to hold Sarah McLean, Sedona Meditation Training, Co., Kathy Zavada and their officers and agents harmless in any claims brought by me, or on my behalf, which contradict the above. My signature below constitutes my acceptance of the conditions expressed in this agreement.

Signature _____ Date _____

OFFICE USE: Fee paid _____ Conf Sent _____ Eval _____ QB _____ CC _____