

# Heart Opening Retreat Lake Tahoe

May 7 - 9, 2010

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 \_\_\_\_\_

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. **A confirmation letter will be emailed to you once this is received.**

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|---|---|
| <input type="checkbox"/> \$275 Early registration, 21 days in advance                     | <input type="checkbox"/> Meals are included from Friday dinner - Sunday breakfast. Please indicate your dietary restrictions/preferences: |
| <input type="checkbox"/> \$345 Regular registration                                       | _____   |
| <input type="checkbox"/> On-site Housing: Add \$200 for single room                       | _____   |
| <input type="checkbox"/> Onsite Housing \$100 per person for shared room. Roomate's name: |   |

**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., Illumine LLC, 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: Retreat Fee \_\_\_\_\_ Conf Sent \_\_\_\_\_ Eval \_\_\_\_\_ QB \_\_\_\_\_ CC \_\_\_\_\_