

The Yoga of  
*Writing*

Sedona, Arizona

Name \_\_\_\_\_

Phone h (\_\_\_\_\_) \_\_\_\_\_ c (\_\_\_\_\_) \_\_\_\_\_

CC Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear of the retreat? \_\_\_\_\_

If you've been instructed in meditation, when & what kind? \_\_\_\_\_

List mental/physical/emotional health concerns/limitations and prescription medications:

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**The retreat fee includes some meals. Lodging is available for an additional fee. A confirmation letter will be emailed to you with more information. Check which applies:**

- Early registration, 21 days in advance \$375 per person**
- Regular registration, \$425 per person**
- Alumni take 20% off of the registration fee**
- Add \$250 for two nights' shared accommodations in the air conditioned writing cabin (if space is available)**
- Friends, take 10% off when you register together. Friends name: \_\_\_\_\_**

**Call to register by phone (928) 204-0067, or by mail send to SMT, P.O. Box 1178, Sedona, AZ 86339 or fax to (866) 654-1705, or email to [sedonameditation@gmail.com](mailto:sedonameditation@gmail.com). Full payment is required to reserve your space. Cancellation policy:** If you should have to cancel unexpectedly we want you to know this: Your deposit is fully refundable less a 20% cancellation fee if you cancel in writing at least 10 days before the retreat. After that date, it is non-refundable, but is transferable and can be applied within a year (less the cancellation fee) to another program with the Sedona Meditation Training Co. **If you cancel less than 48 hours before the retreat or don't show up, your deposit will be forfeited. MC, Visa, or AMEX and checks are welcome.**

Amount to be charged or enclosed: \$ \_\_\_\_\_

CC # \_\_\_\_\_ CC Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disclaimer:** My decision to participate in the Yoga of Writing Retreat 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. In consideration for teaching, I hereby agree to hold Sarah McLean, Illumine LLC, Sedona Meditation Training Co., and Victoria Nelson harmless in any claims brought by me, or on my behalf, which contradict the above. My signature above constitutes my acceptance of the conditions expressed in the agreement.

OFFICE USE: Fee \_\_\_\_\_ Deposit Rec'd \_\_\_\_\_ Bal Due \_\_\_\_\_ Conf Sent \_\_\_\_\_ CC \_\_\_\_\_ Eval \_\_\_\_\_ QB \_\_\_\_\_