

Heart Opening Retreat Mt. Shasta

August 19 - 22, 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 (530) 515-1416 , or mail this form to Kathy Zavada: P.O.Box 531 Mt. Shasta, CA 96067, or email it to paula@paularudy.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.**

\$300 Early registration, 21 days in advance

\$345 Regular registration

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 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 _____