

REGISTRATION FORM
Transformation from Within

A Retreat with Jonathan Ellerby, Ph.D.

Westerbeke Ranch, Sonoma, CA ♥ November 22 – November 24, 2014

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

RETREAT FEE ONSITE: (includes 2 nights lodging; retreat; organic meals: Sat. dinner – Mon. lunch)

\$200 Deposit; balance due by October 15. **ALSO CHECK OPTION BELOW THAT DEPOSIT IS FOR:**

\$495: 3-4 person room, if received by 9/15 \$545: 2-person room, if received by 9/15

\$545: 3-4 person room, if received after 9/15 \$595: 2-person room, if received after 9/15

I would like to room with (names): _____

RETREAT FEE COMMUTER*: (includes retreat; organic meals: Sat. dinner – Mon. lunch)

\$200 Deposit; balance due by October 15. \$395 – Full fee

* For locals or staying in a hotel. See our website for hotel information.

DIETARY RESTRICTIONS: _____

SPECIAL NEEDS (disabilities; other): _____

OPTIONAL – CONTINUING EDUCATION (CE) credits for Health Professionals:

\$25 – 10 CE credits

License # _____ Kind of License: _____

CANCELLATION POLICY:

- If cancellation is received by Oct. 20: refund less a 15% administrative fee.
- If cancellation is received from Oct. 21 – Nov. 15: refund less a 50% fee.
- No refunds after November 15.

PAYMENT:

Retreat Full Fee	\$	<input type="checkbox"/> Check Enclosed <input type="checkbox"/> MasterCard/Visa/Discover/AmEx #: _____ Exp Date: _____ Sec. Code: _____ ZIP Code: _____ Billing Address: <input type="checkbox"/> Same as above Other: _____ Signature: _____ Total amount enclosed \$ _____
Retreat Deposit	\$	
CEs	\$	
TOTAL Amount Enclosed	\$	

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