

REGISTRATION FORM – *Joy in Our Hearts: Unlocking the Heart of Healing*

Westerbeke Ranch, Sonoma, CA ♥ November 6 – November 8, 2016

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

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

\$200 Deposit; balance due by 10/17 **IF PAYING DEPOSIT ONLY, ALSO CHECK OPTION BELOW THAT DEPOSIT IS FOR:**

\$519: 3-4 person room, if received by 10/17 \$599: 2-person room, if received by 10/17

\$569: 3-4 person room, if received after 10/17 \$649: 2-person room, if received after 10/17

I would like to room with (names): _____

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

\$200 Deposit; balance due by 10/17 \$419, by 10/17 \$469, after 10/17

* 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 Nurses:

\$25 – 10 CE credits

License # _____ Kind of License: _____

CANCELLATION POLICY:

- If cancellation is received by October 12: refund less a 15% administrative fee.
- If cancellation is received from October 13 – October 28: refund less a 50% fee.
- No refunds after October 28.

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	\$	

Mail or fax to:

Healing Journeys
 Post Office Box 221417
 Sacramento, CA 95822

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info@healingjourneys.org ♥ www.healingjourneys.org