

Winter Retreat: Royal Path of the Beggar
Chakra Institute, New Hope, PA

REGISTRATION FORM

Arrival time will be 4:00 pm to 6:00 pm and departure time will be 2:00 pm. Early bird discount 10% off if the full price of retreat paid before October 26th. To secure your place a non-refundable deposit of \$200 is required by October 26th. Please choose your retreat and price package from the options below.

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| <ul style="list-style-type: none"> <input type="radio"/> 3 DAY RETREAT <input type="radio"/> \$ 200 (Deposit) <input type="radio"/> \$ 585 (10%) <input type="radio"/> \$ 650 | <ul style="list-style-type: none"> <input type="radio"/> 5 DAY RETREAT <input type="radio"/> \$ 200 (Deposit) <input type="radio"/> \$ 891 (10%) <input type="radio"/> \$ 990 |
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(All inclusive: Classes, accommodation, room and board)

CONTACT INFORMATION				Gender: Female _ Male _	
Name:				Date of birth:	
Email:				Phone:	
Address:					
City:		State / Nation:		Postal Code:	

PAYMENT INFORMATION	
<input type="checkbox"/>	Check or money order enclosed. Please make payable to: Chakra Institute
<input type="checkbox"/>	Call to pay by credit card: (215) 862-3768

Please email your completed registration & health forms to: admin@chakrainstitute.com
or send by post to: Chakra Institute, P.O. Box 34, New Hope, PA 18938

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Health History Form

Please list your main health concerns:

Do you have any allergies or sensitivities? Please list:

Are you taking any supplements or medications? Please list:

Additional information or special requirements:

(All your information will remain confidential between you and Chakra Institute)

Disclaimer:

I understand that the purpose of taking the Three Body Purification is to cleanse body, emotions and thoughts. I clearly understand that this Purification is not designed as a cure of any disease. If I have an allergic reaction to any herbs, supplement or foods I will inform the staff and discontinue taking it immediately.

Signature: _____

Date: _____