

Raising the Spiritual Fire – Registration Form**March 22- 24****#1 Contact information**

Name _____ Phone _____

Profession _____

Address _____

City _____ State _____ Zip _____

Email _____

Do you wish to receive CE's for this Intensive? _____ Yes _____ No

If yes, then please give state and license number _____

#2. Tuition and Lodging Options – check your choices

| | | |
|---|------------------|---|
| Regular Tuition | _____ \$525 | Postmarked after March 1 st |
| Early Bird Tuition | _____ \$475 | Postmarked on or before March 1 st |
| 5% Discount for groups of 3 or more registering together | _____ - \$ _____ | Specify Group Name: _____ |
| Tuition total | \$ _____ | |
| Meals | \$107 | All meals but Saturday dinner |
| Lodging # of nights | _____ \$ _____ | Choose from rooms listed below |
| Single occupancy: _____ | | |
| Double occupancy: _____ | | I want to room with: _____ |
| Occupancy dates: _____ | | |
| Sub-Total | \$ _____ | |

Room Rates are per night. Rooms are available on first come, first served basis.

| | |
|---|----------------------------|
| Private bath, 1 twin bed (two of these rooms available) | \$50 one single occupancy |
| Private bath, 2 twin beds | \$65 single, \$105 double |
| Private bath, 1 queen bed (two of these rooms available) | \$75 single, \$125 double |
| Private bath, 3 twin beds (one living room suite available) | \$125 for triple occupancy |

Additional rooms with twin bed and communal bathrooms are available on an as needed basis.
Room rates range \$40 - \$55 per person.

#3. Payment

All registrations must be pre-paid. Registration fee is refundable, less \$75 when a request for cancellation is submitted in writing and postmarked by March 1st. **No refunds are available after March 1st.**

Tuition \$ _____

Meals \$ _____

Lodging \$ _____

Subtotal \$ _____

\$ _____ For credit card/PayPal payments add 3%

Grand Total \$ _____

By Mail

_____ Check enclosed payable to Kathleen Hill

_____ Charge my credit card – info below

Credit card: MC ___ VISA ___ Discover ___ Amex ___

Card # _____

Card expiration _____ V-Code on back _____

Name exactly as it appears on card _____

Signature _____ Today's Date _____

Mail to: Kathleen Hill, MA, LMFT
Taproot Holistic Counseling
1925 Aspen Drive, Ste. 500-A
Santa Fe, NM 87505

By Fax

_____ Include your credit card info above and fax completed form to 877-883-1876

Pay Online via PayPal (PayPal account is not required)

_____ Copy and past this form into email, fill in all info (**except credit card**)

and send it to kathleenhill@iqslide.net

Then go to www.paypal.com . Click on Buy tab, then Make a Payment tab.

Retreat Intensive runs from Friday 9:00 AM through Sunday at 1:00 PM