



38 Miller Ave PMB 516; Mill Valley CA 94941
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Please return this form with payment as soon as possible, preferably by June 29th, 2012. PLEASE FILL OUT THE MEDICAL FORM ON THE BACK OF THIS PAGE.

NAME _____

ADDRESS _____

CITY _____ STATE/COUNTRY _____ ZIP _____

TELEPHONE (DAY) _____ (EVE) _____

FAX _____ e-mail _____

ROOM PREFERENCE: (SINGLE ROOMS WILL BE OFFERED AS LONG AS AVAILABLE) **DOUBLE OR SINGLE**
 Cost per module: \$ 1415 \$ 1650
 I AM REGISTERING FOR THE TRAINING MODULE(S): **FILL IN AMOUNT BELOW**

_____	The Holotropic Paradigm	July 29-Aug 3	_____	_____
_____	The Power Within:	August 5-10	_____	_____

I AM ALSO REGISTERING FOR THE EXTRA NIGHTS BEFORE AND DURING THE MODULES AS FOLLOWS
 Price includes dinner and breakfast: Cost per night: \$ 90 \$ 115

_____	Night of Saturday, July 28	_____	_____
_____	Night of Friday, August 3	_____	_____
_____	Night of Saturday, August 4	_____	_____
_____	Wire transfer (\$15 per transfer) or credit card (\$25 per module) fee (see below)	_____	_____
			Total amount due _____

PAYMENT

Full payment, preferably by check, should accompany this registration, unless you have contacted us to make other arrangements. Those registering from outside of the U.S. have several options. You may pay by funds transfer (instructions below), or send a check or draft made out in U.S. dollars drawn from a U.S. bank. We can also accept Visa or Mastercard, although other forms of payment are preferred. See below.

I am enclosing payment of \$ _____ or I am sending a wire transfer for \$ _____. Please charge my Visa or Mastercard \$ _____. (Please add \$15.00 for bank costs for each transfer, or \$25 PER MODULE for payments made by credit card.) Funds transfers also sometimes incur fees that go to intermediary banks, so ask your bank about that before you send the transfer. If the amount received is too much or too little, we will settle with you at the module. **Contact us for information about work/study or payment plans.**
 If paying by Visa or Mastercard, please print the 16 digit card number, expiration date, and (U.S. only) zip code for the address on your credit card bill.

_____ - _____ - _____ - _____ - _____ Exp. date _____ Zip _____

CVC code (3 digit number on back of card) _____ Street address and zip of card billing, if different from above _____

OTHER

I will be driving from _____ flying into Albuquerque _____ flying into Santa Fe _____ other (specify) _____
 I am a smoker _____ a non-smoker _____ a snorer _____ I would like to share a room with: _____
 I am vegetarian _____ non-vegetarian _____ I would like a gluten free diet _____

PLEASE READ AND SIGN THE FOLLOWING. YOUR SIGNATURE IS REQUIRED FOR REGISTRATION.

CANCELLATION POLICY

\$50 of your payment per module is a non-refundable processing fee. The balance is refundable upon cancellation until **July 15th**. There can be no refunds or credits for any reason after that date. If you register without sending payment, the cancellation policy still applies, and you will be expected to pay any amounts due.

SUBSTANCE USE POLICY

Use of any non-prescription drugs or other illegal substances is not permitted during the training (including days between modules) or at the training site. Anyone using such drugs or substances during the training module or at the training site will not be allowed to attend the training.

I have read and understand the above cancellation policy and substance use policy.

Signature _____ Date _____

For office use:
 Date rec'd _____ Confo sent _____
 Check # _____ Amount _____
 Notes _____

Information for sending a funds transfer follows. Please add \$10.00 per transfer to cover bank charges. Thank you.
 Account name: Holotropics Phone number: 415 383-8779 Bank address:
 Account number: 0245 061940 Bank number: 121 000 248 18 Miller Ave.
 Bank name: Wells Fargo Bank Swift ID# WFBUIUS65 Mill Valley, CA 94941

