

# REGISTRATION FORM

Print This Form and Fax, Email or Snail Mail It with Your Information & Payment to the Address Below

# Satori

C O R D I L L E R A

A Healing Retreat & Lifestyle Program



FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

RETREAT DATES (check one):

\_\_\_\_\_ July 24 - 28, 2011 (deadline for registration is July 15, 2011)

\_\_\_\_\_ September 25 - 29, 2011 (deadline for registration is Sept. 15, 2011)

Credit Card (Visa/MC/Discover) - circle one:

Double Occupancy (\$2,250) / Single Occupancy \$2,750 (circle one):

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

*A discount of \$50 will be applied for payments received by June 30, 2011.*

Please Note - personal checks are accepted and should be made payable to:

Destination Satori

6621 Highway 73

Evergreen, CO 80439

T:303.601.1654 / F:303.679.1885 / [info@destinationsatori.com](mailto:info@destinationsatori.com)