

2017 REGISTRATION FORM

| Full Name: (First n | | | ame for badge) | | |
|---|--|---------------------------|--|---------------------------------|---|
| Ministry /Organ | ization: | | | | _ |
| Preferred Mailin | g Address: | | | | _ |
| City: | State/Province | eZip/P | Zip/Postal Code: | | _ |
| Country: | Telephone: (| Fax: | | | |
| Email: | | | | _ | |
| RETREAT FEES | | | | | |
| Registration Fees | (All fees listed in U.S. Funds |) Includes: Continenta | al Break | fast, 1 lunch, | |
| samples, and welcom | me packet | | | | |
| PLEASE CHECK A | PPROPRIATE REGISTRAION FEE | BEFORE/ON JU | NE 4 | AFTER JUNE 4 | |
| Adults | _ | □ \$69 (R | eg \$120) | □ \$79 | |
| Student 15-20 | years old | □ \$49 | | □ \$59 | |
| TOTAL | | | | \$ | |
| If you received a | a scholarship, check 🗗 Do n | ot pay a registration fee | e. Still c | omplete this registration form. | |
| Please list any ADA | Special Needs: | | | | _ |
| | es and Refunds: Fees will be refur later than May 28, 2017. After tha no charge. | | - | | |
| | Check or Money Order must be in hecks returned by the bank due to in | | | | |
| Please check appropriate | box: | ☐ VISA ☐ MasterCard | Expiration | on Date: | |
| | | Print Cardholder Name: | | | |
| Signature | | | Date | | |
| Please mail, scan & en | mail completed registration form | with payment to: | Prover | bial Inn - Healing Arts (HARC) | |
| Online Payments: <u>www.restorethebodyretreat.com</u> | | | Leisa Arrington | | |
| Email: info@restorethebodyjretreat.com | | | 1722 Hunter Street Norfolk, VA. 23504 | | |

(757) 627-7797

Please Email or telephone credit card information.