

Natural Dharma Fellowship – Summer Retreat 2010 Registration

Name: _____ Gender: female male

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Accommodations

Please select from the following options for your registration.

For shared rooms, you may mutually designate a roommate if you wish.

Each party of a couple who registers together will pay the shared-room rate.

- *Week One:* Saturday Aug. 21 (evening) through Saturday Aug. 28 (morning)
- *Week Two:* Saturday Aug. 28 (evening) through Saturday Sep. 4 (morning)

Room Type	Week One	Week Two	Both Weeks	
Private Room	\$1000 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$2000 <input type="checkbox"/>	
Shared Room	\$900 <input type="checkbox"/>	\$900 <input type="checkbox"/>	\$1800 <input type="checkbox"/>	Roommate: _____

Emergency Contact & Information

Whom should we contact (offsite) in case of emergency?

Name: _____ Phone: _____ Relationship: _____

Please list any health, medical, or behavioral-health issues you have that may affect your retreat with us. Please include important medications and allergies.

This information is confidential and will only be used in case of emergency.

Please list any food allergies or special dietary needs you may have.

Please give a general idea of your previous meditation retreat experience.
