Registration Form SME _____

MEDITATION & EDUCATION RETREAT – LAZY MEDITATING?

Arrival Friday April 23 *between 2 - 5pm* – **Departure Sunday April 25, 2010** *after lunch*
- no partial attendance -

Family Name	Given Name	MI	Age	*Gender* (M/F)	*Housing Type* (D) (T)	Contribution
						$

Street: _____
City/State: _____ ZIP: _____
Phone: (_____) _____ E-Mail: _____
College or University you are enrolled in: _____

Teachers: **(D)**orm: $70 **(T)**ent*: $50 **Students:** **(D)**orm: $50 **(T)**ent*: $35
(guest provides their own tent)*

Registration & Methods of Payment:

Please mail the entire payment with your registration form. As we do not reserve accommodations without payment, please do not FAX your registration form, unless you provide us with your credit card information (see below). To pay by credit card, you may also register online, using our secure server at http://www.smartcart.com/ubcgateway/catalog/.
Please do not send cash.

Please send completed form and contribution to:

Deer Park Monastery, *Lazy Meditation Retreat,* 2499 Melru Lane, Escondido, CA 92026
E-Mail: deerpark@dpmail.net **Online** at **www.dpweb.org** **FAX: (760) 291-1010**

Check **C** **Money Order** **Master Card**

VISA **AMEX** **Discover**

Credit Card #_____
Expiration Date (mo/yr) _____/_____
Cardholder's Name *(as it appears on the credit card)*:

_____

Billing Address of Credit Card (*required by bank for credit processing)*:
Street: _____
City/State: _____ ZIP: _____
Cardholder's Signature:
(authorizing Deer Park Monastery to charge your accommodation costs to your credit card)

_____

Cancellation Policy: *(please call if you have any questions)*

31 days prior to arrival: 85% refunded; 15% cancellation fee
15-30 days prior to arrival: 75% refunded; 25% cancellation fee.
8-14 days prior to arrival: 50% refunded; 50% cancellation fee
7 days prior to arrival: No refund

Liability waiver: *(The following signatures indicate that participants relieve Deer Park Monastery and its members from all liabilities in the event of any injury or illness incurred while visiting and residing at Deer Park Monastery.)*
Date _____/_____/_____ Signed: _____
In Case of Emergency: Contact name: _____
Phone: (_____) _____

FOR OFFICE USE ONLY **Total Due:** $_____
Received: ___/___/___ (Signed)_____ Confirmation Sent: ___/___/___ E-mail **E** US Mail (Signed)_____
Date___/___/___ **D** **Money Order** **Master Card** **VISA** **V** **AMEX** **A** **Discover** $_____
Date___/___/___ Check # _____Bank_____ $_____
Date___/___/___ Cash (Signature) _____ $_____

Balance Due: $_____