SME _____

MEDITATION & EDUCATION RETREAT REGISTRATION FORM
THE REAL TEACHER

Arrival Friday April 22, 2010 *between 2 - 5pm* / **Departure Sunday April 24, 2011**
after lunch ***- no partial attendance -***

Last Name	First Name	Age	Gender (M/F)	Housing Type (D)	Housing Type (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
(* guests provide their own tents)

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 your credit card information (see below). If paying by credit card, you may also register on-line, 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, Meditation & Education Retreat, 2499 Melru Ln, Escondido, CA 92026-8447
● E-Mail: deerpark@dpmail.net ● On-line at **www.dpweb.org ● Fax: (760) 291-1010**

☐ Check ☐ Money Order ☐ Master Card ☐ Visa
☐ Amex ☐ Discover

Credit Card #_____
Expiration Date (month/year) _____/_____
Card Holder's Name ***(as it appears on credit card)***:
_____

Billing Address of Credit Card (*required by bank for processing*):
Street: _____
City/State: _____ ZIP: _____
Cardholder's Signature *(authorizing Deer Park Monastery to charge your registration fee 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 signature indicates that registrants and participants relieve Deer Park Monastery and its members from all liabilities in the event of any injury or illness incurred while visiting Deer Park Monastery.
Date _____/_____/_____ Signed: _____
In Case of Emergency, contact name: _____
Phone: (_____) _____

FOR OFFICE USE ONLY Total Due: $_____
Received: ___/__/___ (Signed)_____ Confirmation Sent: ___/__/___ ☐ E-mail ☐ US Mail (Signed) _____
Date___/___/___ ☐ Money Order ☐ Master Card ☐ Visa ☐ Amex ☐ Discover $_____
Date___/___/___ Check # _____Bank_____ $_____
Date___/___/___ Cash (Signature) _____ $_____

Balance Due: $_____