

SAMA'RA KAMUI BODHISATTVA, LLC
The Bodhisattva Experience™ | Solutions 4 Vibrant Living
www.thebodhisattvaexperience.com

Register Today! Please Mail and Make Checks Payable to:

SAMA'RA KAMUI BOHISATTVA, LLC
P.O. Box 2213
Bala Cynwyd, PA 19004

REGISTRATION INFORMATION

Name of Workshop _____

Accommodation Choice _____
(e.g. wheelchair assistance, special needs)

Please print legibly **YOUR FULL NAME Exactly** as you would like to appear on your certificate:

Name _____

Address _____

City/State/Zip _____ / _____ / _____

Phone _____

Email _____

PAYMENT INFORMATION

Check here for Early Bird (paid in full by _____, 2010)

Amount enclosed \$ _____

Cash Check Visa MC AmEx

Card No. _____ Exp. Date ____/____/____

Signature x _____ Date ____/____/____

Balance Due: _____

PLEASE READ AND SIGN BELOW:

I am enclosing a deposit of \$_____ (non-refundable after _____) to hold my space. I understand that the entire balance is due on or before _____. A full refund minus the deposit and a \$50 Administration fee will be returned for any cancellations after _____. Detailed cancellation policy on brochure.

Signature **X** _____ Date ____/____/____

800.625.8630 | Fax: 215.457.8322 | info@thebodhisattvaexperience.com | SAMA'RA K. BODHISATTVA

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