

MAITRIPA COLLEGE 2010 MEDITATION RETREAT: THE THREE TARAS REGISTRATION FORM

Please provide all information requested. This is an interactive pdf – you may type in the information in the yellow data fields by using the “select” tool and clicking in the yellow boxes (or print out the form and fill it in by hand).

Please PRINT, SIGN and DATE the completed form and return it to Maitripa College by mail or in person (do not fax or email).

RETREAT PARTICIPANT INFORMATION

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

STATE

COUNTRY:

ZIP:

PHONE:

EMAIL:

ACCOMMODATION SELECTION (select one option)

SINGLE ROOM (\$1,325)

DOUBLE ROOM (\$1,125)

SHARED ROOM (4-6 BEDS) (\$975)

CAMPING (\$950)

GENDER (for housing allocation only):

FEMALE

MALE

METHOD OF PAYMENT (select one option)*

I AM ENCLOSING A CHECK OR MONEY ORDER IN THE AMOUNT OF:

\$500 DEPOSIT**

FULL AMOUNT INDICATED ABOVE

I WILL MAKE MY PAYMENT ONLINE AT http://maitripa.org/event_3tara_retreat.html

*Refund Policy: If you cancel your registration on or before May 15, we will return your contribution, less a \$50 cancellation fee. There will be no refunds after May 15, 2010 – no exceptions.

*Please make checks & money orders payable to Maitripa College with “Three Taras Retreat in the subject line”; Please do NOT send cash

**Balance is due in full on or before May 1.

IN CASE OF EMERGENCY

CONTACT NAME:

CONTACT PHONE:

RELATIONSHIP OF THIS PERSON TO YOU:

COMMENTS OR CONCERNS:

PLEASE LET US KNOW ANY SPECIAL HEALTH CONCERNS OR OTHER COMMENTS:

LIABILITY WAIVER (after you have provided the above information, please print, sign and date this form below before send to Maitripa)

The following signature indicates that participant relieves Maitripa College from all liabilities in the event of any injury or illness incurred while attending the Three Tara Retreat, June 10-June 21, 2010.

SIGNATURE: _____ **DATE:** _____

PLEASE MAIL OR DELIVER THIS COMPLETED FORM (do not fax or email – original is required)

Mail or Deliver To: Maitripa College Three Tara Retreat | 1119 SE Market Street | Portland, Oregon | USA 97214

FOR MORE INFORMATION: Website: www.maitripa.org | Contact: program@maitripa.org | Phone: 503-235-2477