



Baraka Institute: Leadership Development and Coach Training Center

Registration Form

Self Coaching Mastery Series I: Vital Love - The Wisdom Of The Heart

May 17th - 20th, 2010 (4 day learning vacation at Breitenbush Hot Springs Resort)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Dietary Restrictions: Breitenbush offers delicious all-you-can eat vegetarian cuisine. *If you have dietary restrictions please let us know:* _____

Cabin Preferences:

Bathroom inside of cabin Bathroom outside of cabin (See pricing below)

Have Roomate - Who: _____

Would like a single cabin (extra fees would apply) - Please call us to arrange.

I've enclosed my check (U.S. banks only) **Payable to: Baraka Institute**

Credit card payment (See second page)

3 Ways to Register!

- **Call us** at 503-241-2200
- **Fax** your registration to: 314-271-2200
- **Mail** your registration to:
Baraka Institute, 6312 SW Capitol Hwy. #421, Portland, OR 97239

Participant Costs:

	<u>Lodging & Food</u>	<u>Workshop</u>	<u>Total</u>	<u>Total (before 4/01*)</u>
Bath Cabin	\$252.00	\$275.00*	\$527.00	\$477.00
Reg. Cabin	\$204.00	\$275.00*	\$479.00	\$429.00

Early Bird Discount received before April 1st, 2010 \$50.00

Refund Policy

Due to the unique business partnership with Breitenbush Hot Springs we cannot provide a refund for your reservation, but guarantee that in the event you need to cancel anytime up to 7 days before the event we will gladly apply your tuition/fees to any other Baraka Institute programs, workshops or services. This offer is valid for one year.

Acceptance of Agreement

I attest that (1) I have read and understand the cancellation and refund policy. (2) I AM ENTITLED TO A DUPLICATE OF THIS ENROLLMENT AGREEMENT, and ANY OTHER DOCUMENTS I MAY SIGN. I hereby agree to accept the terms specified herein.

Signature _____ Date _____



Baraka Institute: Leadership Development and Coach Training Center

Payment Information:

Billing Address: (If different from above)

Address _____

City _____ State _____ Zip Code _____

Payment:

Check

Visa

MasterCard

Amount to be charged: \$ _____

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____