

*Gregg Braden: The Turning Point*  
*A.R.E. Spring Retreat 2014 - Lakeview Palestine*

**MAIL-IN/FAX REGISTRATION FORM**

Select Payment Method:     Check     Credit Card

PARTICIPANT NAME(S) _____	Vegetarian? Yes____ No____
_____	Yes____ No____
_____	Yes____ No____
_____	Yes____ No____

**TOTAL PAYMENT ENCLOSED or AUTHORIZED**

\_\_\_\_\_ Persons x \$140 each = \$ \_\_\_\_\_

**CHECK INFORMATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

MAKE CHECK PAYABLE TO:  
A.R.E. Spring Retreat, Southwest Region

MAIL FORM AND CHECK TO  
**Registrar**  
**PO Box 4982**  
**Covington, LA 70434**

**CREDIT CARD INFORMATION**

CARDHOLDER NAME \_\_\_\_\_  
CARD NUMBER \_\_\_\_\_  
EXP DATE    Month\_\_\_\_ Year\_\_\_\_    Security Code (Back of Card) \_\_\_\_\_  
BILLINGADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

FAX: **855-850-0575**  
MAIL: **Registrar**  
**PO Box 4982**  
**Covington, LA 70434**

Cancellation Policy

Cancellation policy: 80% refund if cancelled prior to March 7, 2014. No refund after March 6, 2014.

I have read and understand the Cancellation Policy

Signature \_\_\_\_\_

FOR  
REGISTRATION  
QUESTIONS CALL:  
**855-850-0575**