

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