**REGISTRATION FORM**

**HOLOTROPIC BREATHWORK WEEKEND EVENT**

**KIRKRIDGE RETEAT CENTER**

**April 12 -14, 2019**

**WELCOME TO OUR HOLOTROPIC BREATHWORK WEEKEND! WE ARE HAPPY YOU JOIN US. Below you will find the registration information.**

**ACCOMODATIONS:** There are three rooming options: Private with a hall bath, shared with a roommate (two twin beds) and one triple occupancy room (three twin beds). However, there are very limited private rooms available. We hope to accommodate everyone’s first choice, however it is recommended that you register early if you want a private room. If you are sharing, and have a roommate in mind, please let us know. If there are more requests for singles than there are single rooms available, we will let you know that you will be accommodated in a double.

**MEALS:** Meals will begin on Friday at 6pm with dinner through to breakfast on Sunday. All meals offer healthy options. If you have special dietary requirements these must be addressed **before** the workshop and will incur an extra cost of $10 per day for a total of $20 for the weekend.

**WHAT TO BRING:** Loose, comfortable clothing, walking shoes or hiking boots, eye shades, warm jacket, hat, rain gear, personal journal, water bottle, flashlight and your amazing self. Sorry, no pets. You will receive a welcome letter prior to the workshop with more detailed information about the weekend.

**ROOM PREFERENCE (PLEASE NOTE THAT SINGLE ROOMS ARE VERY LMITED AND WILL BE OFFERED AS AVAILABLE)**

Cost for breathwork weekend:

Option 1 - $495 Private room, Hall Bath

Option 2 - $455- Shared room, double occupancy, two TWIN beds. Hall bath.

Option 3 - $425 – Triple shared room, three twin beds. Hall Bath

Option 1 \_\_\_ Option 2 \_\_\_\_ Option 3\_\_\_

 Total amount due\_\_\_\_\_\_\_\_ Amount Enclosed \_\_\_\_\_\_\_\_

**PAYMENT/REGISTRATION FEES:** Your fees include the weekend workshop, 5 meals and two nights lodging as indicated above. Full payment, should accompany your registration. Please make checks payable to: Laurane McGlynn, PsyD. If you would like to pay using PayPal please use the email address lauranemcglynn@gmail.com and send using the Friends and Family option so there are no fees charged. You may also pay by credit card but there is a 3.5% service fee added to all credit card charges.

**CANCELATION POLICY:** $75 of your payment is a non-refundable processing fee. The balance is refundable upon cancellation until three weeks prior to the workshop. There can be no refunds for any reason after March 21st because ofthe retreat center refund policy.

Total amount due: \_\_\_\_\_\_\_\_\_\_\_\_\_ . I am enclosing payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Please charge my Visa or Mastercard $ \_\_\_\_\_\_\_\_\_\_\_\_ . (Please add 3.5% for payments made by credit card.) Paypal account is lauranemcglynn@gmail.com. Please make sure you add any Paypal fees so that the amount we receive is the amount due. If the amount received is too much or too little, we will settle with you at the workshop. If paying by Visa or Mastercard, please print the 16 digit card number, CVV code, expiration date, and zip code for the address on your credit card bill.

Credit Card Number:

\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ -\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Exp.date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV code\_\_\_\_\_\_\_\_ (3 digit number on back of card) ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address and zip of card billing, if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full payment payable to Dr. Laurane McGlynn should accompany this registration. Please contact Dr. McGlynn at 610-248-6907 or llaurane@aol.com for housing availability prior to sending in registration.

**PAYMENT PLANS ARE AVAILABLE IF NEEDED.** Please contact 610-248-6907 to inquire about a payment plan.

NAME:

ADDRESS:

Phone:

Email: Date of Birth:

Can I add you to my mailing list for future events.?

EMERGENCY CONTACT NAME/PHONE NUMBER

REFERED BY

1. HAVE YOU PARTICIPATED IN HOLOTROPIC BREATHWORK BEFORE? IF YES WITH WHOM AND WHEN ?

2. WHAT BRINGS YOU TO WANT TO ENGAGE IN THIS PROCESS AT THIS TIME ?

3. HAVE YOU DONE OTHER TYPES OF NON ORDINARY STATES WORK? WHAT KIND?AND/OR HAVE YOU HAD NON ORDINARY STATES KIND OF EXPERIENCES?

4. ARE YOU CURRENTLY IN THERAPY AND/OR ANY OTHER SUPPORT GROUPS ?

5. WHAT DO YOU DO TO SUPPORT YOUR PSYCHOSPIRITUAL GROWTH?

6. DO YOU HAVE ANY CONCERNS OR QUESTIONS ABOUT PARTICIPATING IN THIS WORK ?

Is there any other information you feel it is important for us to know? Yes \_\_\_\_ or No \_\_\_\_ Please use back of this page to write your reply if you answered **yes** to the previous question.