

The Sacred Journey Institute

Mastery in the Healing Arts

Registration Form

(please fill in one form per class)

Name: _____ Day Phone: _____

Address: _____ Home Phone: _____

_____ e-mail: _____

Class you wish to register for: (Please add date and location)

Classes completed with a Sacred Journey Institute instructor:

Unless specified otherwise, the required deposit for each 4 day craniosacral class is \$165. Total class fees in the United States are \$550 for each 4 day class and must be paid two weeks before class starts. Please call the Sacred Journey Institute for classes outside of the United States. If you have any questions, please call the Sacred Journey Institute office or the class organizer directly.

~ Payment amount: _____

~ Please specify method of payment by marking **X** on the appropriate line.

Please make out all checks to the organizer you are registering with.

Check drawn on US Bank or US Domestic Money Order

Non-US Cheque: Banker's Cheque or International Money Order
in US Dollars only. (No Eurocheques or private cheques please)

Visa or MasterCard # _____ Exp. date _____

Name as it appears on the card _____

Cardholder's signature _____

Registration policy: 1/3 of class fee is due upon registration, with the balance due no later than two weeks prior to the first day of class. If you cancel with 21 or more days of notice, your deposit will be returned to you less a 50% administrative service charge levied on the amount of the required deposit. We can transfer your deposit to another Sacred Journey Institute class with 21 or more days notice for a \$30 transfer fee. If you cancel with less than 21 days notice your full deposit will be forfeited. The Sacred Journey Institute cannot be held responsible for business conflicts, medical emergencies, canceled flights, personal reasons, etc., and exceptions cannot be made for any reason.

I have read and agreed to these terms.

Signature: _____ Date: _____

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