--Registration Form--Pathwork Retreat with Judith Garten November 14-16, 2014

PLEASE ENCLOSE CHECK TO NYRP AND MAIL YOUR COMPLETED FORM TO:

New York Region Pathwork

c/o Camille Maxwell, Treasurer 5 Moore Avenue Saratoga Springs, NY12866-9236 Name: _____ Address: Phone: _____ Email: ____ Deposit (check one): NYRP members: ___ \$292 for standard rooms, ___ \$188 for dormitory-style accommodations, and ____ \$163 for commuters. Non-members: ____ \$317 for standard rooms, ____ \$213 for dormitory-style accommodations, and \$188 for commuters. (To become a member, please visit our website at www.pathwork.org) ____ I have read the description of the Cocreative Contribution Process included in the registration email, and understand that my payment is a deposit, and that I will be asked for a contribution to defray costs beyond room and board. Please check the following if applicable: ____ I am allergic to the following food(s): _____ ____ I am paying the standard room rate. If possible, I would prefer a single room, but I understand that there may not be a single available.

Refund policy: While we will endeavor to provide at least a partial refund if you are prevented from attending by forces beyond your control, we unfortunately can not refund any portion of your deposit paid to Menla and forfeited to them in connection with your reservation.

willing to increase my deposit to \$592 (or \$567 for members) for a deluxe single

in Delos Inn if you inform me that only such rooms are available for single occupancy. (Your deposit will be returned if there are no singles available.)

I require a single room, and ___ am ___ am not