



WORKSHOP REGISTRATION FORM

ALL-DAY WORKSHOP WITH BODHISATTVA SHREE SWAMI PREMODAYA
11:00AM to 6:00PM Malibu, CA

DATE OF THE WORKSHOP: _____

REGISTRATION DATA

PRINT YOUR NAME: _____

PRINT YOUR ADDRESS: _____

PHONE NUMBER(S): _____

PRINT YOUR EMAIL ADDRESS: _____

TUITION: \$125 payable to 'The Bodhi Center'

Circle your method of payment: check money order visa mastercard

Visa or MasterCard account number: _____ - _____ - _____ - _____

Expiration date: _____ Zip code where credit card bills are mailed: _____

Verification code (last 3 numbers located on back of card in signature box): _____

Cardholder signature: _____

If registering by mail, send this form, with payment, to: **THE BODHI CENTER**
P.O. Box 4231
MALIBU, CA 90264

If registering by telephone, call: **310.497.1899**

CANCELLATION & REFUND POLICY

If after booking for this workshop, you need to cancel or cannot attend for any reason, The Bodhi Center will be pleased to apply full credit toward any equivalent Bodhi Center all day workshop,