

WEEKEND INTENSIVE REGISTRATION FORM

TITLE OF INTENSIVE YOU ARE REGISTERING FOR: _____

DATES OF THE INTENSIVE: _____

REGISTRATION DATA

PRINT YOUR NAME: _____

PRINT YOUR ADDRESS: _____

PHONE NUMBER(S): _____

PRINT YOUR EMAIL ADDRESS: _____

TUITION: \$195 payable to 'The Bodhi Center'

Circle your method of payment: online [paypal] 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.B. 3105
SANTA MONICA, CA 90408**

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

CANCELLATION & REFUND POLICY

If after booking for this intensive, 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 intensive.