

Pathways to Self Healing

March 15- 21, 2009

Registration Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Fax _____ Email _____

\$1380.00 Double occupancy tent cabin and all retreat activities

-\$50 if you register with a friend

-\$50 if you register by Jan 1st 2009

-\$50 single payment by check or credit card

\$_____ Total

Or pay by installments:

\$100 non-refundable deposit to reserve you spot

Four payments of \$320 by check or credit card

Please find enclosed:

___ Check made payable to **Karin Marcus**

___ Visa/MC # _____ Expiration Date: _____

Name on Card (printed): _____

Signature of cardholder: _____

Billing Address of Cardholder (if different than above):

Street _____

City _____

State _____ Zip _____ Country _____

Please make a copy for yourself and mail or email this registration form to:

Karin Marcus

33 Narbrook Park

Narberth, Pa 19072

Karin@SteppingOutCoaching.com