

REGISTRATION

Therapeutic Yoga

February 4 - 11, 2012

Please print this form and mail or fax along with your payment to:
White Lotus Foundation, 2500 San Marcos Pass, Santa Barbara, CA 93105

The donation for the Therapeutic Yoga Training, which includes meals & accommodations, is \$1925. A deposit of \$425 reserves your place. Payments are non-refundable. If we receive your written cancellation at least eight weeks before the start of the training, your deposit, less a \$100 processing fee, will be one-time transferable. This credit is good for one year and may be used for any White Lotus program. If you give us less than eight weeks notice, your entire payment is forfeited. We recommend full travel insurance covering the program and air travel, available from Travel Guard (www.travelguard.com or 800-826-1300) or Travel Insure (www.travelinsure.com or 800-937-1387).

Balance in full is due January 13th, 2012. Please make checks payable to White Lotus Foundation.

Enclosed is a deposit of \$_____ for _____ places (\$425 per place)

CHECK #: _____ or

CARD TYPE: MasterCard Visa

Card Number: _____ Exp. Date: _____

Signature: _____ Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____ (cell) _____

E-Mail: _____

Please check that which applies:

Bodyworker Yoga Teacher Healthcare Professional Nurse Acupuncturist

Mail or fax to:

White Lotus Foundation
2500 San Marcos Pass
Santa Barbara, CA 93105
Phone: 805.964.1944
Fax: 805.964.9617

The training is sponsored by the **White Lotus Foundation**, a California nonprofit organization founded in 1967. Your donation furthers the work of the Foundation, the teachings of yoga, and the improvements of the Center. We thank you for putting energy back in. All or part of your donation may be tax-deductible. If you have any questions about the course or tuition, please feel free to contact us. Additional information, directions to the Center, and a list of items to bring will be supplied to registrants.

White Lotus Foundation Therapeutic Yoga Training Questionnaire

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: (Day) _____ (Eve) _____ (Cell) _____

Email address: _____

Date of Birth: _____ Weight: _____ Height: _____

Emergency Contact:

Name: _____ Address _____

Phone: (Day) _____ (Eve) _____

Your Profession:

Environment &/or population currently working with:

Previous training experience:

Purposes for taking the course:

Any injuries or illnesses:

How did you hear of us? web search friend or teacher Yoga Journal Other _____

Time and method of arrival:

Please attach a recent photograph. (Important to help us remember you and communicate now and in the future.)