

IREGISTRATION FORM

Last Name: Given Name.....
Address:.....city.....state.....zi
p....
Phone [home].....Phone:[mobile]
Email:
Name of Event.....
Tuition \$.....
Location.....
Date of event
Full Tuition paid \$.....
Deposit (required) \$..... paid/date Balance.....

Methods of payment

*All information is protected and confidential

Cheque

*Payments by cheque are collected by sponsor -they can be issued to either the Sponsor or

Cash

*Sponsor will keep records for Lamura Productions accounting

*Please include cheque number _____ Amount _____ and Date

Credit Card

*All Credit Card information can be taken by PayPay - PayPal address:

VimaLamura@me.com

Direct Deposit

*contact sponsor for details OR*email: management@VimaLamura.com for banking details

Any medical concerns must be confidentially submitted to the course sponsor at the time of registration

(Any information submitted will be held and honored in strict confidentiality).

Participant agrees to be responsible for their health, safety, complete and welfare during the retreat or event.

Please initial _____

In the event there are any concerns please notify sponsor upon registration.

Signature: _____

Date: _____

Contact details: Sponsor email and telephone number

Management@VimaLamura.com Subject: attn: Toni/ Registration

www.VimaLamura.com

