



By registering for this retreat, you are agreeing to attend the entire retreat and will arrive on the day the retreat opens, **September 24, 2018 between 3pm - 5pm**. You are also agreeing to pay the following cancellation fees. **Cancellation fees:** (To cancel: Call 510.854.9987 or email wiah@i-wiah.com) \$25 before May 15, 2018, \$175 May 15 - June 15, 2018. **NO Refunds as of 5:00pm (PST) June 30, 2018 only a credit towards a future Ghedee Silent meditation Retreat.** Please send **Registration Form** and **Voluntary Participation Form** with your payment or payment information to: **Registrar, Temple Inc, 200 Lakeside Drive Suite 303, Oakland, Ca 94612**
OR
Scan and email to wiah@i-wiah.com

Name: _____
DOB: _____
Address: _____
City/State/Zip: _____
Phone#: _____

Please describe any injuries/ medical or psychological conditions you might have: (use back, if necessary)

Would you like to be put on Temple's mailing list?

YES or NO (circle one)

Email Address (kept confidential): _____

Retreat Questionnaire:

1. How long have you been practicing meditation?
2. Have you done silent meditation before? If so, what type or style of silent meditation?
3. If you listed injuries above, are any of them a concern by your doctor or yourself in the context of an active silent meditation retreat?
4. In our effort to keep you safe, relaxed and enjoying the most out of the Ghedee Silent Meditation Retreat, are there any other medical or physical conditions that we should know about not listed above?
(please explain)



**Temple Inc. Visa®/MasterCard® American Express®
Authorization Form for Ghedee Silent Meditation Retreats** **Note: If
your card is declined you will not be registered**

**Vision Quest 2018 – Northern Lights – September 24 – October
8, 2018.**

**Fee: \$4,585 + 3.5% - lodging, meals, airport transfer, group
activity tour, speaker & retreat fee.**

**Payments: I authorize Temple Inc. to charge my Credit Card as
follows:**

I'd like to pay in full for my retreat now.

Before July 1, 2018 - **Please charge \$2,292.50 + 3.5% and the
balance \$2,292.50 + 3.5% on July 1, 2018.**

Cardholder's name as it appears on credit card & Name of Attendee
(if different from credit card holder)

Visa® MasterCard® American Express®

Credit Card Number:

Expiration date

(month/year): _____

Authorized

Signature: _____

Today's

Date: _____



Cardholder's billing address as it appears on credit card statements:

City: _____

State/Province: _____

Zip/Country _____

Billing Phone Number: _____