



Temple Inc., 200 Lakeside Dr. #303, Oakland, CA 94612

**By registering for this retreat, you are agreeing** to attend the entire retreat and will arrive on the day the retreat opens, **November 1, 2017 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](mailto:wiah@i-wiah.com) ) \$25 before May 15, 2017, \$175 May15 - September15, 2017. **NO Refunds as of 5:00pm (PST) October 1, 2017 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](mailto: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**



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**Vision Quest 2017 – Palawan - November 1 – November 22, 2017.**

**Fee: \$6,950 - Includes round trip flight, lodging, meals, airport transfer, group activity tour & 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 September 1, 2017 - **Please charge \$4,517.50 and the balance \$2,232.50 on September 1, 2017.**

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

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Visa®   MasterCard®   American Express ®

Credit Card Number:

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Expiration date

(month/year): \_\_\_\_\_

Authorized

Signature: \_\_\_\_\_

Today's

Date: \_\_\_\_\_

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

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Temple Inc., 200 Lakeside Dr. #303, Oakland, CA 94612

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Country \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_