



2024 Practitioner Retreat Registration Form

May 23-25, 2024

Mercy Center, Burlingame, CA 3 days/2 nights

\$100 deposit due with registration due by 2/15/2024

First name:	Last name:	Phone:
Full mailing address:		
Email address:		

Dietary restrictions:	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Pescatarian	<input type="checkbox"/> Allergens _____
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___ I am paying the full \$400 registration fee \$ _____

___ I am paying a \$100 deposit to hold my spot (due by 2/15/24; bal. due by 4/15/24) \$ _____

___ I am applying for a scholarship (due by 2/15/24) and my application is attached, along with my \$100 deposit. (Available to CSLSR Practitioners only) \$ _____

Total amount paying with this registration: \$ _____

Payment and Cancellation Policy:

- ✓ Full payment is due by April 15, 2024
- ✓ Cancellation before March 15, 2024 = 100% refund
- ✓ Cancellation March 15 to April 14, 2024 = 75% refund
- ✓ Cancellation April 15 or later = no refund
- ✓ Scholarship applications with \$100 deposit are due by Feb. 15, 2024. Scholarships may be up to \$300.

**Please mail registration form, scholarship form and check, made out to CSLSR (memo: 2024 Prac Retreat)
To: Attn: Siota Belle, CSLSR, 2075 Occidental Rd., Santa Rosa, CA 95401.**

I have read and understand the Payment and Cancellation Policy:

Signature: _____ Date: _____

Emergency contact: _____	Relationship: _____
Cell phone: _____	Alt. phone: _____