HeartMind Retreat Registration Form

Full Name: Age:	
Address:	
Phone number: E-mail address:	
Medical conditions (relevar	nt):
Food requirements: Allergies / sensitivities:	
Order Item: 2-days HeartMind Retreat (Hrid Friday-Sunday, March 20th-22n Fri (5:00 pm) – Sun (5:00 pm)	aya Hatha Yoga and Meditation) nd, 2015
Description: 2-days Course and Training, pri 3 meals/day (2 days), healthy s	nted course handouts, 2 nights shared room (1 place), nacks and refreshments.
Order Total:	\$350
Payment Method:	Check or Credit Card
Credit Card Details:	
Payable To:	Satya Consulting Dr. Adina Riposan-Taylor 341 North Fletcher Avenue Fernandina Beach, FL 32034 United States

Website:

http://www.satyasattva.com/