



AWAKENING THE GLOBAL HEART

The Flowering of Compassion for the Seven Generations

REGISTRATION INFORMATION

The Mt. Madonna Center will register all participants either by direct mail or by fax only. Upon receipt of your deposit the Mt. Madonna Center will send a confirmation notice which will indicate the housing type assigned. Accommodations questions call Mt. Madonna Center at (408) 847-0406 ext. 6.

Additional forms can be printed from www.heartofthehealer.org.

GATHERING FEE SCHEDULE

| | |
|--|-------|
| Received by August 15 | \$299 |
| Received by September 15 | \$325 |
| Received by October 1 | \$350 |
| Received on or after October 2 | \$375 |
| Young Adults 15-18 | \$100 |
| Children under age 15 | \$50 |
| Day Pass (per person/per day - includes meals, no overnight) | \$115 |

ACCOMMODATIONS

The Mt. Madonna Center offers a variety of housing options. Every effort is made to provide housing that meets your budget. All rates are per person and include three vegetarian meals per day. Please note that all guests must provide their own TOWELS. All guests occupying tents or dorm rooms of 8 or more must provide their own bed linens or sleeping bags.

The Mt. Madonna staff will do their best to fill all housing requests, however should your first choice not be available you will be assigned your second choice. The housing options and rates are as follows:

| | |
|---------------------------------|-------|
| Personal Tent or Van | \$151 |
| Center Provided Tent | \$166 |
| Economy Dormitory (8+) | \$175 |
| Dormitory (4-7 to a room) | \$211 |
| Triple | \$232 |
| Double | \$269 |
| Single | \$322 |

REGISTRATION FORM (Please print clearly)

| | | |
|-------------------|-------------------|---------------------|
| Name | E-mail | |
| _____ | | |
| Address _____ | | |
| City | State | Zip or Country Code |
| _____ | _____ | _____ |
| Daytime phone | Nighttime phone | |
| _____ | _____ | |
| Housing Choice #1 | Housing Choice #2 | |
| _____ | _____ | |

PAYMENT (make check or money order payable to Mount Madonna Center)

An accommodations deposit (see below) is due with this form. The accommodations balance (based on housing type assigned) is to be paid upon arrival at Mt. Madonna.

THERE WILL BE NO REFUNDS FOR EITHER REGISTRATION OR HOUSING AFTER SEPTEMBER 15, 2004.

I am paying by check money order Mastercard Visa

| | |
|--|-------|
| Gathering Fee payment for _____ adults | _____ |
| Gathering Fee payment for _____ young adults | _____ |
| Gathering Fee payment for _____ children | _____ |
| Gathering Fee Family Discount (4 or more family members subtract \$50 each) | _____ |
| Number of Day Passes _____ | _____ |
| Accommodations deposit (\$100 per adult or young adult, \$50 per child 12 & under) | _____ |
| TOTAL | _____ |

Your name as it appears on the card (if using) _____

Card Number _____ Expiration Date _____

COMPLETE THIS FORM AND EITHER FAX OR MAIL TO
 MOUNT MADONNA CENTER 445 Summit Road, Watsonville, California 95076 FAX (408) 847-2683