

AIBMC DECEMBER 8 - 9, 2012 RETREAT REGISTRATION

Full Name: _____ (First name for nametag)

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

Email: _____

PLEASE INCLUDE A NON REFUNDABLE DEPOSIT OF \$50.00 WITH YOUR REGISTRATION FORM.

RETREAT FEES Per person \$150 for two days

1. (includes Tea or Coffee any time free, and Retreat Programs and Sessions)

Meals

PLEASE CHECK APPROPRIATE MEAL(s):

	1 Person	2nd Person
Lunch Saturday (free)	<input type="checkbox"/>	<input type="checkbox"/>
Lunch Sunday (free)	<input type="checkbox"/>	<input type="checkbox"/>

Please list any Special Needs:

Overnight accommodations:

The retreat will take place at Spirit in the Desert Retreat Center in Carefree, Arizona. Please learn more about this beautiful retreat center, including location information, from their website at [Spirit in the Desert Retreat Center](#). If you wish to stay over on Saturday night at the retreat center you may call the center directly and book a room.

Cancellations/Changes and Refunds: Deposits and Fees for late arrivals, and early departures will not be refunded.

PAYMENT METHOD: Check or Money Order should be made payable to AIBMC. Make your check payable to AIBMC and send to AIBMC, 432 South Temple Street, Mesa, Arizona, 85204

Registration confirmation/receipt and further information will be mailed. Please indicate on your check in the memo section: AIBMC RETREAT

Please check appropriate box: ☐ Check ☐ Money Order ☐ Cash