

## RETREAT/WORKSHOP APPLICATION FOR HEALTH CARE PROFESSIONALS

Please fill out this form and return it to us as soon as possible.

Date \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about our Programs for Health Care Professionals?

\_\_\_\_\_

### Background:

Marital Status: \_\_\_\_\_ Children? \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Schooling/Degrees: \_\_\_\_\_

What do you wish to accomplish on this retreat? (Use separate sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physical Restrictions** \_\_\_\_\_

(Bedrooms are upstairs and **we do not have wheelchair facilities as yet.**)

***If this is your first time at retreat with us, please include a recent picture of yourself.***

***(Please turn page over to complete application.)***

## HEALTHCARE PROFESSIONALS OVERNIGHT RETREAT/WORKSHOP PROGRAMS

Overnight retreats are scheduled according to room availability.  
 3 private rooms with shared bath.  
 1 private room with private bath.

**26-HOUR PROGRAM**  
 Overnight Retreat/Workshop  
 Orientation begins at 2 pm, the program starts at 3 pm and ends by 4 pm the following day. We do not serve separate meals for participants. However, if you wish, you may join with Ms. Dantes and the staff in our meals. (There is no charge.)

Accommodations:                 \$220.00  
 Tuition :                             \$100.00  
 Total:                                 \$320.00

Room w/private bath, add:     \$25.00  
 With CEUs (8), add:             \$40.00

**46-HOUR PROGRAM**  
 Weekend Retreat/Workshop  
 Orientation begins at 2 pm, the program starts at 3 pm and ends at noon of the last day. We do not serve separate meals for participants. However, if you wish, you may join with Ms. Dantes and the staff in our meals. (There is no charge.)

Accommodations:                 \$310.00  
 Tuition :                             \$150.00  
 Total:                                 \$460.00

Room w/private bath add:     \$40.00  
 With CEUs (16), add:           \$80.00

**OTHER PROGRAMS**  
 We welcome inquiries about the **Team Building** and **Paths of Natural Insight** programs.

Total Enclosed: \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

**CANCELLATION POLICY:** Refunds are available, less \$30 processing fee, if requested in writing 2 weeks prior to the event.

Date Your Retreat/Workshop Will Begin \_\_\_\_\_

**NOTE:** Before submitting your application, it is a good idea to contact us by phone or e-mail to assure a room is available for you on your selected dates. We are happy to answer any questions.

I wish to use my:      Visa      MasterCard  
 Card Number: \_\_\_\_\_  
 Expiration Date     \_\_\_\_\_     Amount: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Thank you for filling out this application. Your cooperation is appreciated.  
 Please mail this along with your payment to:

**Center for Holistic Living**  
**P.O. Box 368**  
**Grover Beach, CA 93483**

Upon receiving this application we will send you a confirmation letter along with more information about your retreat/workshop and a map to the location. Please call or e-mail us if you have any questions:

**Phone: 805-474-0555 • Fax 805-343-6705**  
**e-mail: [office@centerforholisticliving.org](mailto:office@centerforholisticliving.org) • website: [www.centerforholisticliving.org](http://www.centerforholisticliving.org)**