



Reference # _____

Sri Karunamayi
2010 COLUMBUS ONE DAY RETREAT REGISTRATION
Saturday, June 26, 2009

Name _____ Male _____ Female _____
 (One applicant per form)

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____
 (To acknowledge your registration, it is important to include your email.)

All applicants must sign to the right to register for this retreat.
 By signing, I waive all my rights to legally hold SMVA Trust, Inc.
 and/or the retreat facility responsible for any injury, loss or damages. _____
 (Please sign above)

Payment: I would like to pay the registration fee of \$ _____ by
 Check/Money Order (payable to SMVA Trust) the following credit card
 MasterCard VISA American Express

Credit Card # _____ Exp. Date _____ Security Code _____ Today's Date _____
 (last 3 or 4 digits on back of card)

Billing Address _____ City _____ State _____ Zip _____

Cardholder's Name _____ Signature _____

Location

Crowne Plaza - Columbus North
 6500 Doubletree Avenue
 Columbus, OH 43229
 (614) 885-1885

Lunch and snacks will be provided for half day
 and full day registration.

A confirmation letter with additional
 information about the retreat will be sent
 to you upon receipt of this form. Thank you.

For more information

Visit: www.karunamayi.org
 Email: kcsaxena@yahoo.com
 (614) 888-9800

Registration Fees: One Day Meditation Retreat**Registration fee until June 16:**

Full day: \$100 Half day: \$60 Morning Afternoon

Registration fee after June 16:

Full day: \$120 Half day: \$75 Morning Afternoon

Note: Morning session concludes after lunch.

Afternoon session begins at lunch.

Accommodations are not included for one day retreats.

Refunds through June 19 only (with \$15 cancellation fee).
 No refunds after this date.

Mail or fax completed registration form to:

Kamala Saxena
 8250 Sanctuary Drive
 Columbus, OH 43235
 Fax: (614) 310-6162

