



Reference # _____

Sri Karunamayi
2010 GURU PURNIMA RETREAT REGISTRATION
New York – July 24 & 25, 2010

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) MasterCard VISA AMEX

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

Community Center of the
 Hindu Ganesh Temple
 143-09 Holly Ave.
 (corner of Holly Avenue and Smart Street)
 Flushing, NY 11355
 Retreat venue: Lakshmi/Parvati Halls

Morning sessions includes lunch; afternoon
 session includes dinner. Full day includes all
 meals.

*Note: Morning session concludes after lunch.
 Afternoon session begins after lunch.*

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

For more information

Visit: www.karunamayi.org
 Email: NewYork@Karunamayi.org
 (914) 923-8327

Registration Fees: Guru Purnima Meditation Retreat**Early Registration:**
Until July 14

Full Retreat: \$180
 (All day July 24 plus half day July 25)

Half Days: \$60 each session

Late Registration:
After July 14

Full Retreat: \$200

Half days: \$75 each session

I will be attending 1/2 day of the retreat on:

July 24 Morning ___ Afternoon ___
 July 25 Morning ___

Accommodations are not included for this retreat.

Refunds through July 17 only (with \$15 cancellation fee).
 No refunds after this date.

Mail or fax completed registration form to

Kavita Khanna
 21 Baldwin Hills Road
 Millwood, NY 10546 Fax # (914) 923-8329

