



JUNE 12 – 20, 2011 IRELAND WORKSHOP REGISTRATION FORM



FULL NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER(S): _____

CITY OF RESIDENCE: _____

PROFESSION / SKILLS / PROFESSIONAL CONTACTS: _____

METHOD OF PAYMENT: CREDIT CARD

CHECK(S), PAYABLE TO "PREMA AGNI HSS LTD."

PAYMENT PLAN: MONTHLY PAYMENTS BEGIN IN AUGUST €300, 1ST OF EACH MONTH

PLEASE PROCESS FULL PAYMENT TODAY

CREDIT CARD NUMBER, EXPIRY DATE, AND SECURITY CODE: _____

WOULD YOU LIKE A PRIVATE ROOM FOR AN ADDITIONAL FEE, IF AVAILABLE?

YES

NO

WOULD YOU LIKE TO BE ROOMMATES WITH YOUR PARTNER/SPOUSE/FRIEND?

YES

NO

IF YES, FULL NAME OF ATTENDING PARTNER/SPOUSE: _____

When completed and signed please email (IrelandWorkshop@yahoo.ie), fax (011 353 5142 2560) or post this form and deposit check (if applicable) to:
Jonathan Keenan, Creacon Lodge Retreat Centre, New Ross, Wexford, Ireland.

"When one or more gather in my name, there shall I be." -Jesus

"First feed the world with Love then food." -Derek O'Neill

"Hands that help are holier than lips that pray." -Sathya Sai Baba



WORKSHOP POLICY: We will process your credit card for €500 when we receive this completed form, unless payment by check is specified. Eight weeks prior to the event (April 17th), we will process an additional €500 and any outstanding balance will be processed four weeks (May 15th) prior to the workshop. These first and second mandatory deposits are neither refundable nor transferable. Any amount in excess of these amounts can only be refunded up to two weeks prior to the workshop. Within these final two weeks, no refund or transfer is allowed. **Please note that your full investment must be submitted prior to June 12th.** Thank you for your cooperation and understanding.

By submitting this application you agree to assume all risks incurred in participating in the workshop including physical injury; and agree to hold Derek O'Neill and any associated entities harmless for such injury. You further agree that your image may be recorded and used as Derek, in his sole discretion, deems fit.

SIGNATURE: _____

DATE: _____



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