



Wayfinders

corporate & community wellness programs

RETREAT REGISTRATION FORM

Please print out, complete, and mail.

Today's Date: _____

Date of Retreat: _____

Name: _____ M _____ F _____

Occupation: _____

Mailing Address: _____

Street

City

State

Zip

Email: _____

Phone: _____

Meal Preference: Regular or Vegetarian

Registration Fees:

___ 3 weeks in advance: \$335 ___ Late Registration: \$385 ___ Double: \$365/\$415

I am a MFT or LCSW and would like CEU's. License Number: _____

Pay by check (payable to Wayfinders) or money order (in US dollars, please)

Pay by Credit Card (US only) VISA or MASTERCARD

Credit Card Number: _____

Card Expiration Date: _____ Amount Charged: _____

Signature: _____

Card Mailing Address (if different from address above)

Your charge will read: Wayfinders-SPA

Please mail to: **Wayfinders**
P.O. Box 1912
Davis CA, 95617