

Breath of Joy Healthy Living, LLC
Registration Information
APHRODITE GREEK ISLAND YOGA RETREAT
May 29 to June 5, 2010

Please print the following information:

Full Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____ Fax: _____

Emergency Contact Name and Number:

Relationship: _____

Passport Number: _____

Accommodations: (Please indicate preference)

____ Single ____ Double Guestroom

The rate will be readjusted depending if you request a single or double (requests will be filled depending on availability). Please indicate the name of the person you would like to room with _____

Meals: Breakfast will be included each morning.

Three dinners will be included: an opening dinner in Athens, a dinner together in Kythera the first night on the island and a closing dinner together in Athens.

Please indicate if you have any dietary restrictions _____

Space is limited so please make your reservation early for the retreat.

Send in your non-refundable \$200.00 deposit before **September 30, 2009** to receive a \$100.00 discount or before **November 30, 2009** to receive a \$50.00 discount.

Upon receipt of registration & deposit, a packet will be sent to you including remaining balance. A second payment of \$800 is due on January 30, 2010. The remaining full balance is due by March 30, 2010. (Total cost before discounts = \$2,100).

Everyone attending the retreat will be required to purchase travel insurance on your own through www.travelguard.com or contact Jeanne for group travel insurance purchase.

Any cancellation must be made prior to six weeks (April 23, 2010) before the date of the retreat once the payment is made. No refunds or cancellations within six weeks of the retreat.

For more information, email: breathofjoy@hotmail.com

Make checks payable to: Breath of Joy Healthy Living, LLC

Mail in payments with registration forms to:

Jeanne Deignan-Kosmides, President, Breath of Joy Healthy Living
19 Sunday Court
Reisterstown, MD 21136