

Course Registration Form

Before enrolling in the Pure Meditation or Healing Course, please ask to talk to a course teacher.

Course _____ Dates _____ Fee _____

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Course _____ Dates _____ Fee _____

Residential / Daily (please circle one) for which I enclose the total fee(s) of \$ _____
CAD made payable to the Self Realization Meditation Healing Centre (SRMHC).

Name _____

Address _____

Email _____

Phone (home) _____ (work) _____

Accommodation Only Registration Form

Name _____

Address _____ Postal Code _____

Email _____

Phone (home) _____ (work) _____

Accommodation required:

Shared room / single room (if possible)

From _____ to _____ For which I enclose the total fee of \$ _____

in CAN dollars made payable to:

Self Realization Meditation Healing Centre (SRMHC).

Special needs _____

How did you hear of the Centre?

Flyer/poster @ _____

Recommended by _____

Magazine / paper/ article in _____

Other (i.e. website) _____

_____ Please tick here if you DO NOT wish to be on the SRMHC mailing list.

Cancellation policy:

In the event of cancellation of courses/accommodation:

- * six weeks' notice or more, we can return all fees, less 15% administration fee.
- * two to six weeks' notice, we can return the accommodation fee, less 15% administration fee, and meals only.

Please print this form and mail it to:
SRMHC
8904 Armstrong Way Halfmoon Bay BC V0N 1Y2
Phone (604) 740.0898 Fax (604) 740.0875