

New Year's Eve Retreat with *Louix Dor Dempriey*

REGISTRATION FORM

As a condition of participation in the **New Year's Eve 2012 Residential Retreat** (29 December 2012 - 3 January 2013), you are required to complete this Registration Form (separate forms must be completed for each adult and each child attending) and mail it to the address below, along with payment of the non-refundable deposit(s), or you can register online at: www.LouixNYE.org. Once registered, you will receive a welcome packet along with additional forms to complete, which will be e-mailed (or mailed) to you, including a Liability Waiver, Recording Release, and Medical Information Form, which must be completed as a condition of participation in the Retreat. The cost of the Retreat and accompanying payment schedule is the following:

All prices are in U.S. Dollars	Total Cost	Non-Refundable Deposit (upon registration)	2 nd Payment (17 Aug 2012)	Final Payment (17 Nov 2012)
Adult (single occupancy)	\$3,400	\$1,000	\$1,200	\$1,200
Adult (double occupancy)*	\$2,700	\$800	\$950	\$950
Child 12 – 18 Years (double occupancy)	\$2,000	\$600	\$700	\$700
Child 12 – 18 Years (sharing with 2 adults)	\$1,400	\$400	\$500	\$500
Child 6 – 11 Years (double occupancy)	\$1,100	\$300	\$400	\$400
Child 6 – 11 Years (sharing with 2 adults)	\$500	\$150	\$200	\$150
Child under 5 Years	Free	Free	Free	Free

*Room sharing requests may be made in the welcome packet. We will endeavor to honor, but cannot guarantee, all such requests.

Registration fee includes: 6 days, 5 nights, double occupancy stay at Enchantment Resort; all vegan meals throughout the Retreat; all fees, gratuities and taxes; access to spa facilities; a celebratory dinner on New Year's Eve; as well as all discourses and ceremonies with Louix Dor Dempriey. The pricing above does **NOT** include: items of a personal nature, spa services, sundry expenses incurred during your stay at the venue, travel and travel-related expenses to and from the Retreat.

Please register me for the Residential Retreat with Louix Dor Dempriey from 29 December 2012 – 3 January 2013. All monies are due in accordance with the schedule above and all payments other than the non-refundable deposit are refundable until 24 November 2012, after which there will be no refunds of any kind, for any reason whatsoever. Please note that refunds may take up to 45 days to be issued.

Legal Name: _____ Preferred Name: _____

Address: _____ City: _____

State: _____ Postal/Zip Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Enclosed is my payment of \$_____ via Personal Check (U.S. only) International Money Order Bank Check
(payable to: *Louix Dor Dempriey Foundation*)

**ALL PAYMENTS MUST BE MADE IN
U.S. CURRENCY, AND MADE PAYABLE TO:
LOUIX DOR DEMPRIEY FOUNDATION**

Credit Card American Express Visa MasterCard

Card Number _____

Exp. Date _____ / _____ / _____
3 or 4 digit Security # (located on back of card)

By signing this form, I do hereby release Louix Dor Dempriey Foundation and all its assigns from all liability for any reason and/or circumstances whatsoever arising before, during, and/or after the Retreat as outlined in any advertising materials and any and all forms related to this Retreat. I also acknowledge that I understand the terms and conditions under which I am registering for this Retreat, this form is legally binding, and I am eighteen years of age or over*. My attendance at this Retreat is not guaranteed until this completed Registration Form, the Recording Release, Liability Waiver, Medical Information Form, and full payment are received by the Louix Dor Dempriey Foundation. I do hereby consent to having my name, voice, image, and likeness recorded and used for commercial purposes.

Signature of Participant: _____ Today's date: ____/____/____
Day Month Year

* **Please complete below if participant is under the age of eighteen:** I am the Parent or Guardian of the minor named above and have the legal authority to execute this release on behalf of the abovementioned minor.

Legal Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Today's date: ____/____/____
Day Month Year

**For more information, please contact Samantha at:
+1 (888) 288-3735 or samantha@Louix.org**

Please complete and return this form, along with payment, to:

Louix Dor Dempriey Foundation
25602 Alicia Parkway, # 407, Laguna Hills, CA 92653 U.S.A.
Fax +1 (949) 269-0113



Louix Dor Dempriey[™]
FOUNDATION