

# One-Day Retreat with Louix Dor Dempriey

## REGISTRATION FORM

Date: **Saturday, 22 May 2010**  
Time: 10:00 a.m. - 6:00 p.m. (Registration begins at 9:30 a.m.)  
Location: **Wingate by Wyndham**  
3041 St. Rose Parkway, Henderson, NV 89052  
Cost: **Adult \$175.00** (Includes a vegan lunch)  
**Children's rates:** Less than 3 years old: Free / Ages 3-11: \$30.00 / Ages 12-15: \$70.00

As a condition of participation in the **Las Vegas One-Day Retreat** "Retreat" (22 May 2010), I understand that I am 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 my registration fee of \$175.00 per adult (\$50 of which constitutes the non-refundable deposit). I also understand that, as a condition of participation in this Retreat, I am required to complete a Recording Release form, which will be mailed to me along with a registration packet, and return it to the Louix Dor Dempriey Foundation prior to the Retreat. There will be no refunds made after 15 May 2010 for any reason.

Yes, please register me for the One-Day Retreat with Louix Dor Dempriey.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Enclosed is my payment of \$175.00 via  Check (*made payable to: Louix Dor Dempriey Foundation*)  
 Credit Card  Visa  MasterCard

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Card Number  
\_\_\_\_\_/\_\_\_\_\_  
Exp. Date 3-digit Security # (*located on back of card*)

By signing this form, I do hereby release Louix Dor Dempriey Foundation and its agents and assigns from all liability for any reason and/or circumstances whatsoever arising before, during, and/or after the Retreat, including during participant's travel to and from Retreat, as outlined in any advertising materials and on 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. I also acknowledge that my attendance at this Retreat is not guaranteed until payment in full is made and this Registration Form, along with the Recording Release, are completed by me and received by Louix Dor Dempriey Foundation (Event Coordinator).

*By returning this completed registration form, I consent to having my name, voice, image, and likeness recorded during the retreat and used for commercial purposes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Louix Dor Dempriey Foundation • 24100 El Toro Rd., # D-321 • Laguna Woods, CA 92637**

For more information, please contact Samantha: Phone: (888) 288-3735 / E-mail: [samantha@Louix.org](mailto:samantha@Louix.org)



*Louix Dor Dempriey*<sup>™</sup>  
F O U N D A T I O N