



balance your body
YOGA

Pathways of Transformation Yoga Retreat Santa Fe, New Mexico; Thursday 29 April to Sunday 2 May 2010

Registration Request

Name (as in Passport): _____

Address: _____

City/State/Zip Code: _____

Phone Day: _____ Phone Evening: _____

Fax: _____ E-mail: _____

I wish to share room with: _____

Traditional King Room \$1,145 per person double occupancy

Deluxe King / Two Queen Room with Fireplace \$1,225 per person double occupancy

Payment

To reserve space on this trip a deposit in the amount of \$400 per person is required at time of reservation, and no later than 15 December 2009. You will receive a detailed confirmation. Final Payment is due on 15 March 2010. You may request a program of monthly payments.

I wish to pay by: Check (Please make check payable to AnywhereAdventures and mail to address below.)
 Credit Card Visa MasterCard

Cardholders Name: _____

Card Number: _____ Expiration Date: _____

Billing Zip Code: _____ AVS Security Code (on rear of card): _____

I authorize AnywhereAdventures to charge the deposit and final balance to my credit card and agree not to initiate a charge back.

Date: _____ Authorizing Signature: _____

Person to Contact in Emergency

Name: _____ Phone: _____

Participation in this travel program is subject to acceptance of the SkiEurope/Anywhere Adventures Administration Arrangements and Terms and Conditions which are supplied upon request or reservation, and can be viewed at www.ski-europe.com/group/admin.html. Please be sure to obtain and read this information.

SkiEurope / AnywhereAdventures

2636 Yorktown 321, Houston Texas 77056

Phone: 713-960-0900 or 800-333-5533, Fax: 954-564-6721, e-mail: dorothea@ski-europe.com



Cancelation

We are sorry if your plans change and you have to cancel your trip. Your deposit is fully refundable until 30 December 2009, after which fees of \$400 will apply until 15 January 2010, fees of \$800 from then until 15 March 2010, thereafter payments are non-refundable.

Travel Insurance

Travel Insurance is strongly recommended and is available at a cost of 6½% of the total package price. Details about the insurance program are at www.ski-europe.com/tpp. The insurance premium is payable at the time of deposit. Travel Insurance: Accepted Declined
(If declined, please request, read, and sign waiver accepting personal responsibility.)

Expectations

Please help us to be sure to meet your expectations by sharing the following information!

Tell us a little about your yoga practice:

Do you have any injuries or limitations about which we should be aware?

Let us know some things that you want to achieve from participating in this Yoga Retreat:

- A vacation break.
- CEU Continuing Education Units.
- Broaden and deepen my yoga practice.
- Other things:

Useful Information

What is not included: airfare to Albuquerque (we will endeavor to obtain a group fare); lunches and one dinner on own, spa services; items of a personal nature. Bring your own mat and any props.

SkiEurope / AnywhereAdventures

2636 Yorktown 321, Houston Texas 77056

Phone: 713-960-0900 or 800-333-5533, Fax: 954-564-6721, e-mail: dorothea@ski-europe.com