



KRIYA
ASSOCIATES INC

REGISTRATION FORM

~ COPY AS NEEDED ~

I will attend the **July 14-16, 2006** retreat

I will attend the **September 15-17, 2006** retreat

CONTACT INFORMATION

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phone: _____ Fax: _____

Emergency contact name: _____ Phone: _____

ACCOMMODATIONS

Room Preference: Single Double

All rooms can sleep two (2) people and have private bathrooms. We will honor roommate requests.

Roommate Name: _____

SPECIAL NEEDS

Handicap accessibility

Dietary

Vegetarian

No Meat

No Fish

Other (Medical conditions, allergies, etc.)

Please describe: _____

PAYMENT INFORMATION

* Fees include: accommodations, meals & retreat fees.

* Payment plans are available, upon request.

* Credit cards are accepted through online registration, only.

July, 2006 retreat: Non-refundable deposit of \$100.00 is due 6/16/06; Balance is due 7/7/06

September, 2006 retreat: Non-refundable deposit of \$100.00 is due 8/18/06; Balance is due 9/08/06

Amount enclosed: \$ _____ Deposit (\$100.00) Paid in Full (\$325.00) ?; Sr. Citizen (\$225.00) ?

Please make checks payable to Kriya Associates, Inc.

Mail checks & registration forms to: Kriya Associates, Inc.

Reclaiming the Crown

192-15 122nd Ave

Springfield Gardens, NY 11413

For more information, please call (718) 723-1311 or visit our website at www.Kriyaglobal.com