

14th Annual ZBHA Benefit

“Building Stability, Creating Transformation”

May 5 - 7, 2017 – The Bishop Claggett Ctr, 3035 Buckeystown Pike, Adamstown, MD 21710

Faculty meeting: Wednesday 5/3 6 PM, Thursday, 5/4 9-5, Friday 5/5 9-noon. Stewards meeting TBD

Benefit hours: Friday 5/5 7:30-9:30pm, Saturday 5/6 9am-5pm, Sunday 5/7 9am-12pm

Pre-Benefit class: Friday 5/5 1:30-5:30pm: “*Advancing Your ZB Skills: Individualized Tutorial and Touch Feedback with Faculty*”

Registration Form - FACULTY

PERSONAL DETAILS: Please print clearly. Please submit payment with this registration form.

First Name: _____ Last Name: _____

I will attend (check all that apply)
<input type="checkbox"/> Faculty Meeting (Wednesday evening- Friday noon)
<input type="checkbox"/> Advancing Your ZB Skills: (Friday)
<input type="checkbox"/> Board Meeting (Wednesday afternoon – Friday afternoon)
<input type="checkbox"/> Benefit (Friday evening to Sunday noon)

ROOM AND BOARD Fees	Amount	
All costs are per person in the Christiane Inn w/private bath. Bed and bath linens provided.	Single	Double
<input type="checkbox"/> Faculty meeting, Advancing Your ZB Skills or Board Meeting, and Benefit: Wednesday evening to Sunday afternoon. Includes 4 nights lodging and meals from Wednesday dinner through Sunday lunch.	\$480	\$420
<input type="checkbox"/> Benefit only: Friday evening to Sunday afternoon. Includes 2 nights lodging and meals from Friday dinner through Sunday lunch	\$240	\$210
<input type="checkbox"/> Faculty meeting and Advancing Your ZB Skills or Board Meeting: Wednesday evening to Friday afternoon. Includes 2 nights lodging and meals from Wednesday dinner through Friday lunch	\$240	\$210
<input type="checkbox"/> Faculty Meeting only: Wednesday evening to Friday noon. Includes 2 nights lodging and meals from Wednesday dinner through Friday lunch	\$240	\$210
<input type="checkbox"/> Day Use Fee for those staying off-site*, # days: _____	\$17.50/day	
* For those who choose to stay off-site, meals may be purchased separately:		
<input type="checkbox"/> Add meals:	\$13.00/breakfast; \$14.50/lunch; \$19.00/dinner	

Room and Board Fee: \$ _____

Payment enclosed (minimum \$100 deposit): \$ _____

Balance due by April 19: \$ _____

Other information
<input type="checkbox"/> I prefer vegetarian meals <input type="checkbox"/> I prefer non-vegetarian meals (choose one option)
<input type="checkbox"/> I can bring a ZB/massage table (very much appreciated!)

PAYMENT DETAILS: \$100 deposit required w/registration, balance due by April 19th

Check (made payable to “Zero Balancing Health Association”)

Credit Card (For security, please do not e-mail CC information, please fax your form with cc information to 410-381-9634; or call the office instead.)

Refund Policy: Cancellations received in writing by April 19 will receive a refund minus a \$50.00 administrative fee. If received after April 19, fees are non-refundable.

How to register:

Email: (scanned PDF document) zbha@zerobalancing.com • Phone: 410-381-8956 • Fax: 410-381-9634
 or mail form to Zero Balancing Health Association • 8640 Guilford Rd, Ste 224, Columbia, MD 21046