

14th Annual ZBHA Benefit

“Building Stability, Creating Transformation”

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

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 - STUDENT

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

First Name: _____ Last Name: _____

Street Address: _____ Apt/Suite/Unit: _____ City: _____

State: _____ Zip Code: _____

Best phone # to reach you: _____ E-mail: _____

TUITION Fees		Amount
<input type="checkbox"/> Zero Balancing Benefit only	paid by April 10: \$375 after April 10: \$400	\$375 or \$400
<input type="checkbox"/> ZB Benefit plus Friday’s Advancing Your ZB Skills: Individualized Tutorial and Touch Feedback with Faculty	paid by April 10: \$455 after April 10: \$480	\$455 or \$480
<input type="checkbox"/> Friday Class Only - Advancing Your ZB Skills: Individualized Tutorial and Touch Feedback with Faculty		\$100
<input type="checkbox"/> Saturday Only		\$150

Total Tuition : \$ _____

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"/> Friday pm arrival (2 nights, 6 meals)	\$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: \$ _____

Add Tuition and Room and Board fees together for Total Fee: \$ _____

Payment enclosed (minimum \$100.00 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