

Registration Form

2008 ZBHA Benefit: EXPANDING YOUR ZERO BALANCING HORIZONS

May 1-4, 2008 – Charles Town, WV

Ways to Register:
Email: zbaoffice@zerobalancing.com
Phone: 410-381-8956
Fax: 410-381-9634
Mail this form to:
ZBHA
8640 Guilford Rd., Ste. 240
Columbia, MD 21046

PERSONAL DETAILS: Please print clearly. Payment must accompany this registration form.

First Name: _____ Last Name: _____

Street Address: _____

Apt/Suite/Unit: _____ City: _____

State: _____ Zip/Postal Code: _____ Home Phone: _____ Business Phone: _____

Fax: _____ E-mail: _____

TUITION Fees	
Zero Balancing Benefit	\$345.00
Zero Balancing Benefit and Friday Meditation Program	\$395.00

Total Tuition Fee: \$ _____

ROOM AND BOARD Fees	
All costs are per person. Bed and bath linens provided.	
Friday pm arrival	\$180
Thursday pm arrival	\$250
Camping or staying off-site*	\$10/day

Room and Board Fee: \$ _____

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

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

Balance due by April 21: \$ _____

*For those who choose to camp or stay off-site, meal plans are available. Please contact the ZBHA for details.

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

PAYMENT DETAILS: \$100 deposit required w/registration, balance due by April 21

Check (made payable to Zero Balancing Health Association (ZBHA)) VISA MasterCard

Cardholder's Name: _____ Cardholder's Signature: _____

Account Number: _____ Exp. Date: _____

Refund Policies: Cancellations received in writing by April 21 will receive a refund minus a \$35.00 administrative fee.

Cancellations received after April 21 are non-refundable.

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