

Form for Registration By Mail

Hi there! I _____, would like to register for the following:

<p>WORKSHOP – SERPENT OF FIRE with Dolores Ashcroft-Nowicki Friday, October 1, 2010 from 7:00PM to 10:00PM Saturday, October 2, 2010 from 9:15AM to 9:30PM approx., with breaks. Lunch/ simple supper included. Sunday, October 3, 2010 from 9:15AM to 3:00PM. Lunch included.</p> <p>To be held at (do NOT send mail there): International Order of Odd Fellows Temple Upper Hall 1706 NW Market Street, Seattle, Washington 98107</p> <p>Total cost for the workshop is \$ 300.00.</p> <p><i>Because there are costs involved with the organization of this event, the following refund policy is in effect:</i></p> <ul style="list-style-type: none"> • Your spot reserved with a deposit of \$100.00. • <i>Balance of \$200.00 due before August 1, 2010.</i> • <i>Balance can be paid in increments as long as balance is paid by final date.</i> • <i>No refunds given after August 1, 2010.</i> 	<p>Is this a</p> <p><input type="checkbox"/> DEPOSIT to hold your spot;</p> <p><input type="checkbox"/> PARTIAL PAYMENT towards the full amount;</p> <p>or</p> <p><input type="checkbox"/> FULL AMOUNT? <i>(please check one)</i></p>
<p>Amount Enclosed</p>	<p>\$ _____.</p>

I understand that I am responsible for my travel expenses, meals on Friday, and breakfast on Saturday and Sunday during this workshop. I also understand that I must provide my own plain black or white robe (whichever is indicated for this workshop). I also understand that recording devices of any sort are distracting to other participants and to the Guest Speaker, and are therefore strictly forbidden.

I will not hold the Lodge of the Lion’s Gate, The International Order of Odd Fellows, The Servants of the Light, their members, or Dolores Ashcroft-Nowicki as an individual, responsible for any accidents or injuries which may occur as a direct result of, or as a consequence to the use of the Hall and/or attending this workshop.

(sign here)

(please print name and address)

(e-mail address)

Date: _____

Please complete this form and send to:

Lodge of the Lion’s Gate
D. Taylor, Registrar
P.O. Box 70860
Seattle, Washington 98127

Phone: () _____ day/evening

We will acknowledge the receipt of your registration form and payment(s) by mail AND by e-mail quickly.