One-Day Retreat with Louix Dor Dempriey

Registration Form

Date: **Saturday, 10 July 2011**
Time: 10:00 a.m. - 6:00 p.m. (Registration begins at 9:00 a.m.)
Location: **The DeKoven Center**
600-21st Street, Racine, WI 53403
Cost: **Adult $250.00** (includes a vegan lunch)
Children's rates: Less than 3 years old: Free / Ages 3-11: $40.00 / Ages 12-15: $80.00

As a condition of participation in the **Racine One-Day Retreat** on 10 July 2011 ("Retreat"), you are required to complete this Registration Form (separate forms must be completed for each adult and each child attending) and mail it to the address below, along with the registration fee of $250.00 per adult ($100 of which constitutes the non-refundable deposit), or you can register online at **www.LouixWisconsin.org**. Once registered, you will receive a welcome packet along with additional forms to complete, which will be e-mailed (or mailed) to you, including a Liability Waiver, Recording Release, and Medical Information Form, all of which must be completed as a condition of participation in the Retreat. There will be no refunds after 10 June 2011 for any reason. Refunds may take up to 45 days to be issued.

❑ Yes, please register me for the One-Day Retreat with Louix Dor Dempriey.

Full Name: _____

Street Address: _____

City: _____ ***State:*** _____ ***Zip:*** _____

Phone: ( )_____ ***E-mail:*** _____

❑ Enclosed is my payment of $_____ via ❑ Check *(made payable to: Louix Dor Dempriey Foundation)*

❑ Credit Card ❑ Visa ❑ MasterCard ❑ Amex

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Card Number

___/___ ___ ___ ___
Exp. Date 3-digit Security # *(located on back of card)*

By signing this form, I do hereby release Louix Dor Dempriey Foundation and its agents and assigns from all liability for any reason and/or circumstances whatsoever arising before, during, and/or after the Retreat, including during participant's travel to and from Retreat, as outlined in any advertising materials and on any and all forms related to this Retreat. I also acknowledge that I understand the terms and conditions under which I am registering for this Retreat, that this form is legally binding, and that I am eighteen years of age or older*. My attendance at this Retreat is not guaranteed until this completed Registration Form, the Recording Release, Liability Waiver, Medical Information Form, and full payment are received by the Louix Dor Dempriey Foundation. I do hereby consent to having my name, voice, image, and likeness recorded and used for commercial purposes.

Signature of Participant (legal name):_____ ***Today's date:*** ____/____/____
Day Month Year

*** Please complete below if participant is a minor (under the age of 18):** I am the Parent or Guardian of the minor named above and have the legal authority to execute this release on behalf of the above mentioned minor.

Legal Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____ ***Today's date:*** ____/____/____
Day Month Year

For more information, please contact Samantha at: (888) 288-3735 or samantha@Louix.org

Please complete and return this form, along with payment, to:

Louix Dor Dempriey Foundation
24100 El Toro Rd., # D-321, Laguna Woods, CA 92637
Fax: (949) 269-0113

Louix Dor Dempriey™
FOUNDATION

All proceeds from this event will be used to support the Louix Dor Dempriey Foundation, a 501(c)(3) non-profit educational organization.