

**YOUR CONTACT INFORMATION - please print** 

## STUDENT REGISTRATION FORM 2019 TLS Annual Gathering October 18-20, 2019

Pearlstone Center, Reisterstown, Maryland USA https://www.pearlstonecenter.org/

OFFICE USE ONLY
Rec'd
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ID #

A separate form must be completed for each person registering. All funds are listed in and must be paid in US dollars.

Last Name	First Name	MI		_Title	
Phone Number (area code + number)					
Mailing Address	City				
State Zip o	or Postal Code	Country			
EDUCATIONAL INSTITUTION where yo	ou will be enrolled full-time during the	e Gathering	(enter n	name of school	ol):
Name as you wish it to appear on name t	tag:				
Dietary restrictions:					
Mobility or other restrictions:					
May we list your contact information on the	ne Gathering Participants list?			🗖 yes	□ no
STUDENT REGISTRATION RATES – W	/HAT YOU GET:				
Full registration INCLUDES "conference pages for more info), Friday-Saturday accordance breakfast and lunch.					
Saturday Only Rate INCLUDES all Saturnore info.), with breakfast, lunch, and directions					for
		Stud	ident Rate		
☐ Full Registration Dorm Style Accommo	odation		\$424	\$	
☐ Saturday Only (breakfast, lunch, and d	dinner, no accommodation)		\$150	\$	
☐ Thursday Night Accommodation (include	des Friday breakfast & lunch)		\$ 80	\$	
☐ Sunday Night Accommodation (include	es Sunday dinner & Monday breakfast) .		\$ 80	\$	
PRE- and POST-GATHERING WORKSI (Please see TLS website for descriptions)	HOPS - PRE-REGISTRATION REQUIR	RED			
Pre-Gathering WORKSHOP – Friday, Oct Title: The Heart of Placement, with Lea Good			\$55	\$	
Pre-Gathering WORKSHOP – Friday, Oct Title: Walking with a Whole Heart: Exploring a Labyrinth, with Frank Faine.			\$55	\$	
Post-Gathering WORKSHOP – Sunday, C	·		\$55	\$	

Post-Gathering Labyrinth Bus Tour Title: Full-Day Bus Tour of Baltimore A	•	•	\$95	\$
		-	TOTAL	\$
METHOD OF PAYMENT				
☐ Check: payable to <b>The Labyrinth</b>	Society, mail with this completed form	n to the address at the b	ottom of thi	s page
□ VISA □ MasterCard #		Expiration (mm/yy)	/	CVV
Name as it appears on your card		Phone		
Billing Address		City		
State	Zip or Postal Code	Country		
<b>REFUND POLICY</b> – Registration Re October 1 <sup>st</sup> - 50%, after October 1 <sup>st</sup> US funds net 7% service charge.				
MAIL COMPLETED REGISTRATION	ON FORM AND PAYMENT TO:			
TLS Registrar P. O. Box 736 Trumansburg, NY 14886 USA		Email: registra Phone (607) 3	•	thsociety.org

POST-GATHERING TOUR - PRE-REGISTRATION REQUIRED