

TARA MANDALA RETREAT APPLICATION FORM

Please send this form to: Lizzy Hoke, Tara Mandala, PO Box 3040, Pagosa Springs, CO 81147

Include your payment (**50% of course cost**) payable to Tara Mandala.

Telephone: (970) 731-3711 | Fax: (970) 731-4441 | Email: info@taramandala.org

Vajrayana and White Dakini Drub Chen with Tulku Sang ngag Rinpoche and Lama Tsultrim Allione: August 23 - 31, 2009

COURSE COST: All course fees are on a sliding scale and vary according to accommodation choice, plus donation to teachers and volunteer staff at end of retreat. Please pay at the highest level of the sliding scale that you can afford. This allows others who need to pay less the opportunity to attend. One hundred percent of your payment above the lowest end of the sliding scale is goes directly to our scholarship fund. Please help us keep our administrative costs low by paying the entire fee with your registration, if possible.

CANCELLATION FEES: \$50 before July 23; \$100 before August 13. There are no refunds after August 13.

Is this your first retreat at Tara Mandala? Yes / No

Please check if new address

Name: _____ Email: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (home): _____ Phone (cell): _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

How did you hear about Tara Mandala? Web Search Word of mouth (name?) _____ Shambhala Sun
 Tricycle elephant journal Spirituality and Health buddhadharma Newspaper (name?) _____ TaraNet
 Tara Mandala Program Guide Flyer (where?) _____ email (what?) _____ Other _____

ACCOMMODATIONS

<p>Please sign me up for:</p> <input type="checkbox"/> Double (\$1,553 - \$965) <input type="checkbox"/> Queen Double (\$1,575 - \$1,080) <input type="checkbox"/> Queen Single (\$1,685 - \$1,190) <input type="checkbox"/> Camping (\$925 - \$650)	<p>Please circle appropriate choice:</p> Do you snore? Yes / No Roommate request _____ Do you need a room on the 1 st floor? Yes / No Are you? Male / Female Do you have any medical needs or mobility limitations? Yes / No Please explain: _____
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MEDICAL DIETARY RESTRICTIONS: Nutritious, wholesome, balanced vegetarian meals are served during the retreat. The kitchen can not accommodate food preferences. If you have medical dietary needs, please note them here:

RIDESHARE: I am willing to offer a ride from Albuquerque Denver Santa Fe Durango Other: _____
 I request a ride from Albuquerque Denver Santa Fe Durango Other: _____

Tara Mandala Membership (Sustaining Sangha)
 Sustaining Sangha is the lifeblood of Tara Mandala. Please consider supporting Tara Mandala in this way and receive 10% - 20% off your retreat fee in exchange for your tax-deductible donation.

I am currently a member of Sustaining Sangha
 I would like become a member of Sustaining Sangha

Please sign me up at \$30 | \$60 | \$200 | Other: ____ / month
 Charge my credit card below monthly | Check enclosed

Shuttle (to and from Durango Airport)
 Shuttles are available on the first and last day of the retreat to and from the Durango Airport or Durango hotel for \$65 each way.

I would like a shuttle on August 23
 I would like a shuttle on August 31

Flight information: Airline: _____
 Flight in # _____ Time _____
 Flight out # _____ Time _____

I will call or email with my flight information

PAYMENT	
Retreat Total (chosen from sliding scale)	\$ _____
Sustaining Sangha Discount <small>(\$30-\$59/month = 10% \$60+/month = 15% \$1000+/month = 20%)</small>	- \$ _____
Tax Deductible Donation to Tara Mandala	\$ _____
Shuttle (\$65 each way)	\$ _____
Early Registration Discount <small>(-\$25 for full payments received before July 23)</small>	- \$ _____
Total	\$ _____
Amount enclosed (50% due now)	\$ _____

Payment method: Check Credit Card Money Order

Credit Card Information: Visa MasterCard AmEx
 Card # _____ - _____ - _____ - _____ Exp Date: ____ / ____
 Signature _____ Date _____
 Name on card (print clearly) _____