

TARA MANDALA RETREAT APPLICATION FORM

Please send this form to: Registrar, 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: registrar@taramandala.org

Mandala of the Five Dakinis with Lama Tsultrim Allione: September 8 – 14, 2010

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 August 8; \$100 before August 28. There are no refunds after August 28.

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> <p><input type="checkbox"/> Double (\$950 - \$735)</p> <p><input type="checkbox"/> Queen Double (\$1,035 - \$815)</p> <p><input type="checkbox"/> Single (\$1,225 - \$950)</p> <p><input type="checkbox"/> Camping (\$675 - \$525)</p>	<p>Please circle appropriate choice:</p> <p>Do you snore? Yes / No Roommate request _____</p> <p>Do you need a room on the 1st floor? Yes / No Are you? Male / Female</p> <p>Do you have any medical needs or mobility limitations? Yes / No</p> <p>Please explain: _____</p>
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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: For rideshare information please visit link: <http://groups.google.com/group/tara-mandala-rideshare>

<p>Tara Mandala Membership (Sustaining Sangha)</p> <p>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.</p> <p><input type="checkbox"/> I am currently a member of Sustaining Sangha</p> <p><input type="checkbox"/> I would like become a member of Sustaining Sangha</p> <p>Please sign me up at \$30 \$60 \$200 Other: ____ / month</p> <p><input type="checkbox"/> Charge my credit card below monthly <input type="checkbox"/> Check enclosed</p>	<p style="text-align: right;">PAYMENT</p> <p>Retreat Total (chosen from sliding scale) \$ _____</p> <p>Sustaining Sangha Discount - \$ _____ <small>(\$30-\$59/month = 10% \$60+/month = 15% \$1000+/month = 20%)</small></p> <p>Tax Deductible Donation to Tara Mandala \$ _____</p> <p>Shuttle (\$65 each way) \$ _____</p> <p>Early Registration Discount - \$ _____ <small>(-\$25 for full payments received before August 8)</small></p> <p>Total \$ _____</p> <p>Amount enclosed (50% due) \$ _____</p>
<p>Shuttle (to and from Durango Airport)</p> <p>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.</p> <p><input type="checkbox"/> I would like a shuttle on September 8</p> <p><input type="checkbox"/> I would like a shuttle on September 14</p> <p>Flight information: Airline: _____</p> <p>Flight in # _____ Time _____</p> <p>Flight out # _____ Time _____</p> <p><input type="checkbox"/> I will call or email with my flight information</p>	<p>Payment method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order</p> <p>Credit Card Information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx</p> <p>Card # _____ - _____ - _____ - _____ Exp Date: ____ / ____</p> <p>Signature _____ Date _____</p> <p>Name on card (print clearly) _____</p>