**Ganga Yoga Shakti Program**

**2018, March 11 -18 (7 Nights of Vedic Wisdom)**

Booking & Registration Form with Your Photograph

**This is page 1 of a 3-page Registration Form. Please fill in all pages and email to:** **Yoginishambhavi@aol.com** or mail to **American Institute of Vedic Studies, PO Box 8357, Santa Fe NM 87504-8357 USA**

**\_\_\_\_\_YES! Register me for the following: (One form per registrant, please)**

**TOTAL PAYMENT**

**Cost of Program -USD $2595.00 for 7 Nights, Yoga Shakti Retreat**

**Early Registration discount up to Nov. 30, 2017 –** **USD 2350.00**

**A non-refundable deposit of $ 800.00, is payable immediately to book your space**.

Remaining balance is payable by January 15, 2018 to qualify for Early Registration.

All other payments after registration deposit, due in full by January 30, 2018

**PRICE INCLUDES:**

**Program from March 11 at 2:00 Pm – March 18, 2018 at 1:00 Pm**

Retreat at the Neemrana Glass House property above Rishikesh at the Himalayan Foothills, includes accommodation and meals - morning tea, brunch, evening tea and dinner. Accommodation is on 3 persons sharing a spacious cottage/room basis. Select rooms for couples. Single occupancy is available at an extra 850 USD.

All accommodations are non-smoking.

**Retreat Transportation to and fro is not included.** You may contact us if you need help with any travel arrangements. There are flights/trains from New Delhi to Haridwar or Dehradun. Taxi service can be arranged from Delhi to the Glass House.

**You are strongly advised to make your International flight bookings as soon as possible, as cheaper tickets tend to get sold nearer to the date of travel.**

**If arriving directly for the Ganga Yoga Shakti ensure your flight arrives in Delhi March 10 midnight. Return flights through Delhi must be booked after 2:00 AM of March 19.**

**TRAVEL INSURANCE**

***Cancellation Insurance is strongly recommended as no exceptions to the cancellation provisions can be made.*** Please understand that any financial loss or emergency medical expense will be assumed by you. Please read the terms and conditions and fully understand the cancellation penalties.

**RETREAT CANCELLATIONS**

The following cancellation charges as a percentage of total price apply subject to a minimum cancellation amount of $800.00 USD

Before 90 days $750

60–90 days or more before departure 50%

30-60 days before departure 75%

0-30 days before departure/No Shows 100%

**----------------I have read and understood the cancellation and travel insurance clauses**

**This is page 2 of a 3-page Registration Form along with a photograph.**

**First name as in Passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex**\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Day Ph:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Eve Ph:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: **Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_**

**Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country**

**Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PASSPORT NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If sharing a room, I want to share with: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person in case of emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Special Requirements/Diet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like a personal Planetary Puja / Fire Yajna performed by our Vedic Pandit guided by Yogini Shambhavi Devi (150 USD Payable at the retreat)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like a Personal Vedic Consultation using the astrology with Yogini Shambhavi (150 USD) payable at the retreat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been to India before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have You Attended any of our Programs Before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please specify source of information about this program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*Signed and Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This is page 3 of a 3-page Registration Form.**

**PAYMENTS**

**Check or Money Order Payments**

Enclosed is my Check or Money Order for $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make payable and mail to:
American Institute of Vedic Studies**

**PO Box 8357, Santa Fe NM 87504-8357 USA**

**Bank Wire Transfers:** Please contact us by email and we will provide you our bank information.

**PayPal Transfers:** You can transfer your payment to **PayPal Transfers:** You can transfer your payment to American Institute of Vedic Studies at vedicinst@aol.com or contact us for more information.

C**REDIT CARD PAYMENTS**

**BY PHONE**

Please call in your credit card information to the American Institute of Vedic Studies (505-983-9385), credit card type, number, expiration and security code. You can leave the information on our voice mail if no one is in to answer the phone.

Also email us your billing address for the card.

**BY MAIL –** Please verify your registration before sending in mail payments

*Please furnish your credit card information and sign:*

**Please charge my Visa / MasterCard / American Express credit card (circle one) for the**

**amount of US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Credit card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing address if different than address already given:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date :**