



The Seed of Life Workshop - Level 1

Miri Piri – Sborzani di Pigazzano –
Travo (Piacenza) – ITALY

September 18-24, 2010

Workshop Registration and Payment Form

Please send this Payment and Registration Form to Rodolfo Citro Office (you will find the address at the end of this document). You may print and fill in this form by hand. You may also copy and paste it into a word processing program such as Word, and fill it in electronically.

Your payment and registration form MUST reach our office by July 30, 2010 for the cash discount or early registration option, or September 3, 2010 for all other registrations. If you are sending by mail, we recommend that you send by Express Mail inside Italy or by courier (such as Fed Ex-UPS) if you are outside Italy to insure delivery. Spaces are limited and are reserved on a first-come, first-served basis. Spaces may only be reserved by full payment.

SECTION 1 - CONTACT INFORMATION

Your Name: _____ **Country:** _____

Address: _____

City, State/Province & Postal Code: _____

Telephone: _____ **Fax:** _____

Please include telephone country codes and area codes if you live outside ITALY

Email: _____

SECTION 2 - YOUR FOL CONNECTION

(If you are a FOL Facilitator, you may skip this section)

In order to qualify for this Seed of Life Workshop, you must be a registered graduate with one of our certified facilitators before September 1, 2010.

When did you take your Flower of Life Workshop? _____

Where did you take your Flower of Life Workshop? _____

Who was your workshop facilitator? _____


Please Note: Even though Seed of Life I is a requirement for Flower of Life facilitator training, there are no facilitator trainings scheduled in the near future and more trainings are unlikely at this time.

SECTION 3 - PAYMENT DETAILS

 **CHECK.** Made out to **Rodolfo Citro**. Cash discount price, if paid by July 30, 2010, is **€ 1555,00 Euro**. With this option, you may pay the discount price. This fee must be enclosed with this registration form in order to secure your reservation. *(Note: Funds must be in Euro only. If paying by check, the check must be drawn on an Italian or European bank. If you are sending your check by post near the deadline of July 30, please send by courier such as Fed Ex or UPS to insure that it arrives before the deadline. We are not responsible for delayed registrations sent by mail. If they do not arrive on time, you may lose your reservation.)*

Important Note: For registrations after July 30, 2010, you would have to pay the full price of **€1632,00 EURO**.

OR

 **CREDIT TRANSFER.** Made out to: **Rodolfo Citro - Banca Mediolanum**
Account # 434216 - IBAN IT69K0306234210000000434216.

Note: If you use this option, you are responsible for paying any bank or transfer fees to make this transaction.

Cash discount price, if paid by July 30, 2010, is **€ 1555,00 Euro**. The price is E 1555.00 Euro, if paid by July 30, 2010. A confirmation or copy of your credit transfer must accompany this registration form in order to secure your registration. Funds must be in Euro only. Please send your registration form by the appropriate method so that it arrives at our office before the deadline of July 30.

Important Note: For registrations after July 30, 2010, you would have to pay the full price of €1632 EURO.

OR

 **CREDIT TRANSFER USING POSTEPAY**

Made out to **Rodolfo Citro - Account #.4030350454283222.**

Note: If you use this option, you are responsible for paying any bank or transfer fees to make this transaction. The price is E 1555.00 Euro, if paid by July 30, 2010. A confirmation or copy of your Postepay Credit Transfer must accompany this registration form in order to secure your registration. Funds must be in Euro only. Please send your registration form by the appropriate method so that it arrives at our office before the deadline of July 30.

Important Note: For registrations after July 30, 2010, you would have to pay the full price of **€1632,00 EURO**.

REFUNDS - Until **September 1, 2010**, refunds are available except for a € 100 administration fee. After **September 1, 2010**, we regret that no refunds are available unless you can secure another student to take your place. In case of emergency, please contact us for refund options.

SECTION 4 - PERSONAL INFORMATION

In order to serve you more efficiently during the **Seed of Life Workshop**, please provide us with the following information. Thank you for your kind cooperation!

1) Do you have a nickname? What do you like to be called?

2) Your gender (sometimes names don't reveal your gender!): **Male:** _____ **Female:** _____

3) Foreigners: Your Passport Number and Country of Origin: _____

4) Emergency contact information. Who should we contact in case there is an emergency?

Name: _____ Relationship: _____

City & Country of Residence: _____

Contact Information. (Please include telephone country codes and area codes):

5) We will be preparing a group directory so participants can connect with each other when the workshop is over. Is there any special information you would like to be included, in addition to the contact information you have already provided?

6) When is your birthday? _____

Please include the year (to match you with a roommate if needed.)

7) In order to offer you the best roommate option (if needed), please help us by providing the following information:

Do you smoke? (Yes/No): _____.

Smoking is not allowed in the guest rooms, but we prefer to have this information at hand in order to match roommates in the best way possible.

Do you snore? (Yes/No): _____.

Would you share the room with someone that snores? (Yes/No): _____.

We will do our best to accommodate your request. Please bring earplugs just in case your request cannot be honored due to high occupancy.

8) If you need any kind of special attention, please let us know (i.e.: if you are a vegan or if there is some specific food you cannot eat; if you have any physical handicaps or challenges that we should know about in order to serve you better.)

SECTION 5 - LODGING INFORMATION

1) Lodging at Miri Piri: Please provide your roommate(s) information below:

I wish to share the room with my spouse/partner. His/her name:

I wish to share the room with friend(s). Name(s):

I don't have friend(s) to share the room with. Please find a roommate for me: _____

____ I wish to put my name on the waiting list for a single room. I understand that single rooms might not be available because of occupancy numbers and they cannot be issued until after September 3, 2010. I also understand that I will be charged an extra fee for a single room if my single room is confirmed. (You will be notified of the exact fee before it is billed to you).

Note: If you have made a single room request and a single room is not available, you will be assigned a roommate of the same gender in a room with 2 or 4 people. If you wish to share with a specific person, please let us know by filling in the appropriate space above. Thank you.

SECTION 6 - TRAVEL & TRANSPORTATION

1) Arrival Information. Please let us know if you plan to arrive via plane or car by filling in the information below.

 **FLIGHT INFORMATION** - Please include your flight information below. In case there are flight delays, we will be able to track your arrival.

AND / OR:

 **ARRIVAL BY CAR:** Please let us know an approximate time that you will arrive by car (personal car or rental car?)

To those taking the taxi at the Piacenza Railway Station ... do not forget to make reservations for your return trip to the station on September 25!

Taxi Info: (Mr. Santino Ancarani), Mobile Nr. (+39) 328-9162540

SEND THIS FORM WITH YOUR PAYMENT TO:

Rodolfo Citro, Via Chiusa 19
84034 Padula (SA) ITALY

Tel +39 3355285462 – Fax +39 0689280686- Email: corsi@merkabah.it