

Date of Retreat: _____



Name _____

Phone h (_____) _____ c (_____) _____

Billing Address (for cc) _____

City _____ State _____ Zip _____

Email Address _____

How did you hear of the retreat? _____

Have you been instructed in meditation? And if so, when and what kind?

List mental/physical/emotional concerns/limitations, daily medications & dietary restrictions (confidential)

Register by phone (928) 204-0067 or send this completed application with full payment to: McLean Meditation Institute, P.O. Box 1178, Sedona, AZ 86339. Or fax it to (928) 496-2027, or email info@mcleanmeditation.com. Include full payment using this form or paying via PayPal with this link: [PayPal.Me/mmisedona](https://www.paypal.com/mc/mis/donate). You'll then receive a confirmation with more information.

- Early Registration \$325 (21 days in advance)**
- Registration \$355**
- Retreat Alumnus Registration Save 15%**
- Companions, take 10% off when you register together**

Full payment is required to reserve your space, and can be made by check, MC or Visa, or PayPal.

CC # _____ CC Expiration Date _____ CVV _____

Signature _____ Date _____

CANCELLATION POLICY: If you should have to cancel unexpectedly we want you to know this: Your deposit is fully refundable less a 20% cancellation fee when you cancel in writing at least 21 days before the retreat. After that date, there are absolutely no refunds. Please note: Injury or illness do not disqualify you from this policy. MMI reserves the right to cancel programs, retreats and workshops with inadequate enrollment (we typically notify those enrolled no less than 21 days of the event.) MMI is unable to refund any transportation, flight or other incidental expenses incurred. It is suggested you obtain travel insurance. You can review insurance plans here:

www.insuremytrip.com , travelinsurancereview.net. www.travelinsurety.com

DISCLAIMER: My decision to participate in the Soul Radiance Retreat is a personal decision. I haven't been made any promises or warranties that I will receive any benefits or specific results. I understand that meditation is not a substitute for treatment or services ordinarily provided by health care professionals. I also understand that any instruction given to me during the course may not be appropriate for others. I hereby agree to hold Sarah McLean, Illumine LLC, and their employees, agents, and contractors harmless in any claims brought by me, or on my behalf, which contradict the above. My signature above constitutes my acceptance of the cancellation policy and the disclaimer above.

OFFICE USE: Fee _____ Paid by _____ Conf Sent _____ Roster _____ QB _____