

**WISDOM JOURNEYS, LLC**

**Myth of the Labyrinth: Crete, Greece**

**CONFERENCE REGISTRATION FORM**

Name (first and last) of attendee:

Name (first and last) of guest (optional if joining attendee):

Attendee’s email address:

Attendee’s address:

Attendee’s phone number:

Guest’s address:

Guest’s phone number:

Emergency contact information (first last name and phone number(s)):

Health concerns, Food sensitivities/ allergies:

**PAYMENT OPTIONS**

1. \*(Preferred) Mail completed registration form with check made out to Wisdom Journeys LLC to: Lois LeBlanc, 800 West Lovell Road, Lovell, Maine, 049051
2. By card through PayPal. You would need to request this and we will send the attendee invoice at the email address provided above.

**PAYMENT SELECTIONS**

1. $2,950 single
2. $3,400 with guest
3. $300 single for an extra night in the hotel, day trip, and lunch (Highly recommended excursion!)
4. $500 with guest for an extra night in the hotel, day trip, and lunch

**\*Security deposit of $200 by October 15th, 2023\***

\*Payment of 50% due by November 5th, 2023\*

\*Remaining 50% balance due by February 5th, 2024\*