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:

Attendee T-shirt size:

Guest's address:

Guest's phone number:

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

Health concerns, Food sensitivities/ allergies:

PAYMENT OPTIONS

1. ***(Preferred)** Payment through Zelle. Please log into your Zelle account and look us up by our email wisdomjourneys207@gmail.com. Send us direct payment through this platform.

2. To pay by credit or debit card through PayPal, you will need to submit payment directly through www.paypal.me/wisdomjourneys.

3. Mail this completed registration form with a check made out to Wisdom Journeys LLC to: _____

ANY TIME PAYMENT IS RENDERED, ATTENDEE WILL RECEIVE A RECORD RECEIPT OF PAYMENT WITHIN 48 HOURS

If you encounter any difficulties, please email us at wisdomjourneys207@gmail.com.

PAYMENT

$_____ per person for an individual room
($_____ with a guest in room who does not attend workshops)

Security deposit of 10% ($_____) by _____

Payment of 40% ($_____) by _____

Payment of 50% ($_____) by _____