

**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 last name and phone number(s)):

Health concerns, Food sensitivities/ allergies:

**PAYMENT OPTIONS**

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

**PAYMENT SELECTIONS**

**$4000** per person for an individual room ($4800 with a guest in room who does not attend conference).

**$6550** per couple sharing a room, who are both attending the conference.

**\*Security deposit of $400 by October 15th, 2025\*** \*Payment of 50% due by November 5th, 2025\*

\*Remaining 50% balance due by February 5th, 2026\*