# DEEPENING SPIRITUAL AWARENESS

# May 2-4, 2014 – Seattle WA

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Enneagram type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtype (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals: Food allergies/what kind \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🔿 Vegan 🔿 Vegetarian 🔿 Other \_\_\_\_\_\_\_\_\_\_

How did you hear about us? 🔿 Website 🔿 Email 🔿 Mailing 🔿 Ad 🔿 Workshop 🔿 Therapist

🔿 Friend or family (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🔿 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select price level:**

**Tuition**

🔿*Standard:* **$370**

🔿*Full-time students with ID:* **$320**

**Site Fee** *(Site fee applies for all registrants.)*

🔿 **$175** (This program is a **non-residential course**. Prices include lunches and dinners.)

**PAYMENT METHOD** (Please select the price level(s) above and fill in the total amount.)

## 🔿 Check payable to “ESNT”: Check Number \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🔿 Credit Card: ❒ Visa ❒ Mastercard Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-digit security code (back of card) \_\_\_\_\_\_

**CANCELLATION POLICY**

*By April 2, 2014:* Deposit refunded less $100 administrative fees

*After April 2, 2014:*Deposit refunded less $150 administrative fees

**Send this registration form with your payment by:**

Mail: Enneagram Studies, PO Box 411, Morrison, CO 80465, USA

Email: registrar@enneagramworldwide.com

Fax: 303-697-1198

**For group discounts, or for IEA or ESNT gift certificates, please contact Barb Allgaier:**

**Phone:** 866-241-6162, ext. 1 or 303-697-9456 outside the U.S.

**Email:** registrar@enneagramworldwide.com

[**www.EnneagramWorldwide.com**](http://www.EnneagramWorldwide.com)