

Registration Form for Breitenbush Herbal Conference 2010
September 9, 10, 11 2011

To register: mail this form, with payment in U.S. dollars, payable to HERB SPIRAL LLC
Breitenbush Herbal Conference
 4110 SE Hawthorne Blvd #600, Portland, OR 97214 or **Register by phone @ 503-236-2220**

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Conference Registration Rates: Includes conference workshops, activities and booklet of class notes.
 For Intensive, circle: TBA. *Please circle one and enter \$ amount below.*

| | Friday Pre-conference Intensive | Friday eve – Sunday (Sessions 1 – 6) | Full Conference | |
|-----------------------|---------------------------------------|---|-----------------|-------------------------|
| Early (Before 6/1/11) | \$100 | \$260 | \$360 | |
| Regular (6/2-8/14/11) | \$100 | \$275 | \$375 | Conference Total |
| Late (8/15-9/9/10) | \$100 | \$290 | \$390 | |

Lodging Rates: Includes vegetarian meals, shared lodging and use of Hot Springs and Steam Room. Lodging is required at Breitenbush Hot Springs in order to attend the conference. **No** day passes are allowed, during the conference.
Please circle one and enter \$ amount in box to the right:

| | Thursday only | Fri. eve - Sun. only | Full Conference (Thurs. - Sun.) | |
|---|---------------|----------------------|------------------------------------|----------------------|
| Cabin (w/ plumbing) <small>Very limited - call for availability.</small> | \$109 | \$234 | \$343 | |
| Cabin (w/out plumbing) | \$92 | \$199 | \$290 | |
| Dorm/BB Wall Tent | \$67 | \$146 | \$213 | Lodging Total |
| Own Tent No R.V.'s Please | \$55 | \$124 | \$179 | |

Roommate requests: (no guarantees) _____

Children (per night) 0-2 Free; 3-10 \$30; 11-16 \$38; 17 & up adult rates. Children under 12 must be supervised at all times.

Child's Name: _____ Age: _____

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| # Children | # Nights | | X \$28 or \$38 = | Children Total |
|------------|----------|---|------------------|-----------------------|
| | X | = | X \$28 or \$38 | = |

Special Diet: Wheat free _____, or Vegan (Dairy & Egg free) _____

Payment Summary:

| Registration | Lodging | Intensive \$100 | Children | | Total Enclosed |
|--------------|---------|--------------------|----------|---|---------------------------|
| \$ | + | + | + | = | \$ |

Cancellation Policy: \$75 of your registration fee is non-refundable/non-transferable after July 1, 2011.
After August 1, 2011 no refunds are available. *All cancellations are subject to a \$15 administrative fee per person.*

Please make your check payable to Herb Spiral LLC

Credit Card:

Visa ___ or MasterCard ___ Card Number: _____ 3 digit code _____ Exp. Date _____

I authorize Herb Spiral to charge my credit card in the amounts checked above. I understand the cancellation policy above.

Signature: _____ Date: _____