

HELLO FROM YOUR FRIENDS AT DLF, NYC.

We're glad to know that you'll be joining us.

In order to register for the Weekend Meditation Retreat, please follow these steps.

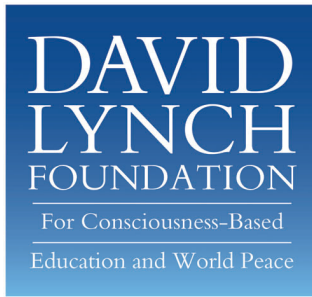
1. Print the two forms below
2. Complete the forms
3. Scan the completed forms
4. Send them as an attachment to an email to:

AdvancedPrograms@davidlynchfoundation.org

OR

Register by phone at 212 644-9880, ext. 202

WE LOOK FORWARD TO SEEING YOU THERE!



Registration Form
David Lynch Foundation

**Weekend Meditation Retreat
June 1 – 3, 2012
Westchester Hilton, Rye Brook, NY**

Name _____
Address _____
Cell phone _____
Home phone _____
Email address _____

Date of TM instruction (month/year) _____/_____

Please choose:

_____ Single Room (recommended) \$600
_____ Double Room \$525 per person
_____ Vegetarian Meals
_____ Chicken/Fish

Payment:

_____ Check (Payable to “David Lynch Foundation”)

Please mail check to :
DLF – weekend retreat
654 Madison Ave, Suite 806
New York, NY 10065

_____ Credit Card (use credit card form on next page)

CREDIT CARD AUTHORIZATION FORM

**Friends of the Foundation, Weekend Retreat
Westchester Hilton, Rye Brook, NY
June 1 - 3, 2012**

Amount to be charged: \$ _____

Name (as it appears on card): _____

Name of participants (if different from above):

Billing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Please circle only one: Visa MC AmEx Discover

Exp. Date: Month/Year ____ / ____

Credit Card #: _____ - _____ - _____ - _____

Card Security Code: _____

Refund Policy: *80% refund if cancelled by May 15, no refunds after May 21*

I have read and understood DLF's refund policy and authorize my credit card to be charged for the amount and course/program listed above:

Cardholder's Signature: _____ Date: _____

Note: *The charge on your credit card statement will appear as "David Lynch Foundation"*