

**Registration Form**  
Sun. Oct. 17 - Tues., Oct. 19, 2010  
In Your Write Mind Retreat Workshop

Complete and return this form to Chrysalis Center, Inc. with a **\$100 per person non-refundable deposit to hold your space. Full program fee due by October 2, 2010 and is non-refundable at that time.** (Deposit fee will be applied to retreat fees). **Non-payment will be considered release of your registration.** Space is limited to 14 participants.

Registrations will be accepted in the order of receipt; deposits and/or arrangement for payments must accompany forms. *We will maintain a Wait-List in order of receipt of registrations with deposits. (Wait-list deposits will be refunded in the event that we are unable to accommodate your attendance.)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_  
(Home) (Work)

E-Mail \_\_\_\_\_

**ACCOMMODATIONS:** Registration confirmation and driving directions will be e-mailed. The rate includes program materials/fees, gratuities, room and meals and spa certificate good toward spa services. Spa services fees are separate. Reservations for spa services are highly recommended.

**I am paying by check** \_\_\_ (payable to CHRYSALIS CENTER, INC.)

**I am paying by PayPal** \_\_\_

(go to <http://www.chrysalisretreats.org> for PayPal payment options.)

	<u>Per Person</u>
___ Single Room with bath	\$ 462.00
___ Double Room w/shared bath	\$ 412.00

Indicate your roommate's name(s) (or if you wish, we can choose for you)

I wish to share a room with \_\_\_\_\_

*Print out and Return completed form with  
indicated payment & method to:*  
**Chrysalis Center, Inc.  
7523 Quail Run Lane  
Manassas, VA 20109**

Contact Gerri Davis at [gerrid@verizon.net](mailto:gerrid@verizon.net) for more information.