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REGISTRATION FORM:

**John of God Healing Journey and Spiritual Retreat
 Abadiania, Brazil, June 12-26, 2011**

Please complete this form (carefully to be legible)
 and return with \$150 deposit (\$450 after January 31st 2011).

Title _____ Full Name (as appears on your passport) _____

Title _____ Full Name (as appears on your passport) _____

Passport number _____ Date of birth _____

Passport number _____ Date of birth _____

Street address _____ Apt _____

Street address _____ Apt _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ 2nd Phone _____

Phone _____ 2nd Phone _____

Email _____

Email _____

We prefer a : Room with two beds

Room with one large bed

I prefer a : Single Room

To share a room with this person _____

Wish to share with another person (if it can be arranged)

Tour cost:

\$1,675 EARLYBIRD DISCOUNT
 \$1,800 after January 31st 2011 X \$
 (per person) # of persons

Single Supplement

\$TBD X \$
 (per person) # of persons

_____ \$
TOTAL

Method of Payment

Check Cash Visa Master Card Amex

Please note: For payments made by credit card,
 a 3% transaction fee will be added.

Name of Card Holder: _____

Card #: _____

Exp. Date: ____/____(mm/yy) Validation Code: _____

Address (if different from address listed above)

Street _____

City _____, State _____, Zipcode _____

Special Requests:

I/we have read and accept the Terms & Conditions.

Signature _____ Date _____

Important: Deposits will be deducted on your invoice prior to final payment.