



Destination
MIAMI, USA
RITZ CARLTON

REGISTRATION FORM

DR. PAUL LAM'S TAI CHI FOR HEALTH®

In order to secure your place, please fill in the appropriate information and mail us this form. *Please advise us here immediately of any allergies or physical limitations (also fill out the attached Medical Release):

PLEASE COMPLETE FOR EACH PERSON IN YOUR PARTY (Use a separate sheet if needed):

I. Name _____ Date of birth ____/____/____ M F
Address _____
City _____ State/Prov. _____ Zip Code _____ Country (if outside US) _____
Tel (day) _____ (E-mail) _____

II. Name _____ Date of birth ____/____/____ M F
Address _____
City _____ State/Prov. _____ Zip Code _____ Country (if outside US) _____
Tel (day) _____ (E-mail) _____

PRICE & WHAT'S INCLUDED:

* Prices shown are per person rates.

Prices include EVERYTHING (except airfare and SPA treatments): accommodations, all meals, the daily Tai Chi for Health instruction, DVD & Book. Airfare and personal expenses (supplies, phone calls etc.) are not included.

<u>RETREAT EXPERIENCE</u>	<u>4 NIGHT</u>	<u>3 NIGHT</u>	<u>2 NIGHT</u>
DR. PAUL LAM'S TAI CHI FOR ARTHRITIS®	\$3950	\$3160	\$2370
DR. PAUL LAM'S TAI CHI FOR DIABETES®	\$3950	\$3160	\$2370
DR. PAUL LAM'S TAI CHI FOR OSTEOPOROSIS®	\$3950	\$3160	\$2370

SPECIFIC PROGRAM & DATES:

Indicate the program: ____ Tai Chi for Arthritis® ____ Tai Chi for Diabetes® ____ Tai Chi for Osteoporosis®

Specify the dates you wish to attend: _____

RESERVATIONS: A Non-Refundable \$500 per person deposit is required to reserve your place. Balance is requested 60 days prior to your scheduled week. Registration deadline is two weeks prior to the retreat workshop.

METHOD OF PAYMENT:

Total Vacation Amount \$ _____ Deposit \$ (required to register) _____ Full payment \$ _____
____ CHECK ____ VISA/MC ____ American Express ____ Discover

Acct. No. _____ Exp. Date _____ Sec. Code _____ Signature _____

MAIL OR FAX REGISTRATION TO:

INNER WORLD JOURNEYS, INC - 2829 Bird Avenue, Suite 5, PMB 242 Coconut Grove, FL 33133 USA
Tel: 305-598-8368 (Toll Free: 800-766-2390) Fax: 305-598-8369





CANCELLATIONS & REFUNDS:

<u>NUMBER OF DAYS PRIOR TO TRIP START DATE</u>	<u>CANCELLATION FEE PER PERSON</u>
60+	\$500 (non-refundable deposit)
59-31	50% of trip/retreat price
30-0	No refund

LOW ENROLLMENT POLICY:

Inner World Journeys, unlike most companies, does not cancel your vacation due to low enrollment. If it occurs that there is not a sufficient number of people to operate the retreat program, we will transfer you into another program where there is a sufficient number as well as space to accommodate you. This saves you the risk of having to cancel a trip. There are no penalties. The only financial obligation would be to pay or receive credit for the difference in retreat costs. It is very rare that Inner World Journeys needs to transfer anybody but it can happen during certain dates and, therefore, this policy serves to protect all Inner World Journeys travelers.

EMERGENCY INFORMATION: Please provide us with 2 emergency contacts:

Name _____ Tel #'s _____

Name _____ Tel #'s _____

RELEASE AND ASSUMPTION OF RISKS

PHOTO / VIDEO RELEASE: Inner World Journeys occasionally videotapes and photographs guests and activities for promotional use. Please notify us if we are not free to use images of you or your group. ** If produced, Inner World Journeys would be happy to provide you with photos or video clips where you are present.*

WAIVER – RELEASE AND ASSUMPTION OF RISKS: By signing and dating this registration form you agree that IN WITNESS WHEREOF, the Release and Assumption of Risk is executed and presented to Inner World Journeys. I acknowledge that I have voluntarily applied to Inner World Journeys (a Florida company registered as a seller of travel, registration #ST-31693) and that Inner World Journeys relies in part on others to provide transportation, personal excursions, accommodations and teachings.

I further herein acknowledge and agree to accept any and all risks of delay, unanticipated events, illness, injury, emotional trauma or death and agree to release absolve, indemnify and hold harmless Inner World Journeys, Inc., its organizers, sponsors, shareholders, representatives and employees from any injury or loss caused by or resulting from the accommodations or employment of any and all independent contractors. I have carefully read this Agreement, understand that I am releasing certain legal rights that I otherwise have and enter into this agreement freely and voluntarily. I understand that Inner World Journeys, in accepting my registration to attend, does so based on this representation.

REQUIRED SIGNATURE:

If not already paid, I undertake to pay the remaining balance 60 days before the scheduled week. By signing below, I agree to the terms and prices of the cooking course vacation as stated above and grant permission to Inner World Journeys to process (if paid by credit card) the remaining balance no later than 60 days prior to my/our vacation start-date.

Signature _____ Date _____