

## Registration Form

# “Listen to your True Self”

Paros, Greece, September 4 -13, 2009

### International Kundalini Yoga Intensive for Women

with Tarn Taran Kaur Khalsa, New Mexico and Simran Kaur Khalsa Wester, Hamburg

Name \_\_\_\_\_

Home address \_\_\_\_\_

Tel. Number \_\_\_\_\_

E-mail address \_\_\_\_\_

I hereby enrol myself for the International Kundalini Yoga Intensive for Women in Paros at Okreblue Apartments, Santa Maria Beach, 84401 Naoussa, Paros, Greece.

The course will begin on Friday, September 4, at 5 pm and end on Sunday, September 13, after Sadhana (7.30 am).  
It is possible to arrive earlier and leave later.

I will arrive on (Date) \_\_\_\_\_ at (time) \_\_\_\_\_

and depart on \_\_\_\_\_ at (time) \_\_\_\_\_

You can choose between rooms (no kitchen, with bathroom) and studios (with small kitchen and bathroom)

I would like a	Single room ( )	35,- Euros per night
	Double room ( )	17,50 Euros per night per person
	Triple room ( )	13,50 Euros per night per person
	Single studio ( )	40,- Euros per night
	Double studio ( )	20,- Euros per night per person
	Triple studio ( )	15,- Euros per night per person
	4 people studio ( )	13,75 Euros per night per person

I would like to share the room with \_\_\_\_\_

Breakfast and dinner cost 25,- Euros per day.

**I agree to calculate my board and lodging expenses and bring the amount in cash to be paid at the course.**

Course Fee:	Early Bird Price, before July 20, 2009:	450,- Euros
	Full Price, after July 20, 2009:	500,- Euros

**I will pay the course fee to the following account:**

B. Wester,  
Account Number 884812  
Sparda Bank Hamburg, BLZ: 20690500  
IBAN: DE80 2069 0500 0000 884812  
BIC: GENODEF1S11

After August 20, if I decide not to come, I agree to pay a charge of 100,- Euros to the above account, or if I have already paid the fee of 300,- Euros, I agree to receive back only 200,- Euros.

I agree that I will be fully responsible for any eventualities occurring to me during this trip. No claims can be made to either Tarn Taran Kaur Khalsa or Simran Kaur Khalsa Wester.

Place, Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send this form back before August 20, 2009, to  
Simran Kaur Khalsa Wester, Breitenfelder Str. 8, 20251 Hamburg, Germany, or [simran.kaur@hamburg.de](mailto:simran.kaur@hamburg.de)