**Blue Otter School of Herbal Medicine**

Meditation Weekend - Registration Form

October 27-28, 2012; 10 – 5

Class costs $180. A $50 non-refundable deposit payable to *Blue Otter, LLC* is needed with your completed registration form to hold your place in the class. **Deposits and registration forms are due by September 1, 2012**. Registration forms and deposits will be considered after this date on a space available basis. **The balance of your tuition ($130) is due by, October 1, 2012**. Students are responsible for their own lodging and meals. Mail this completed form with your deposit to the address below.

Name:

Address:

Phone: Email:

How did you hear about this class?

What is your occupation and/or interest in this class?

\_\_ Please share my *contact information* with others attending this course to facilitate carpooling.

\_\_ Enclosed is my non-refundable deposit of $50 payable to *Blue Otter, LLC* to hold my space in the class. The balance of the tuition is due by October 1, 2012.

Emergency contact: (*name and phone*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At the Blue Otter School of Herbal Medicine, we are dedicated to providing a safe space for all students to learn and to work without bigotry or prejudice present. To this end, we will not tolerate any form of prejudice based on (including but not limited to); race, ethnicity, religion, country of origin, gender, sexual orientation, physical or mental ability, size or socio-economic status.

The materials and knowledge given at the school may not be copied, distributed, used as teaching materials or published without prior *written* consent from Karyn Sanders and Sarah Holmes.

Blue Otter School of Herbal Medicine is not responsible or liable for injuries that occur on or off-site during the time you are attending school, or the physical or emotional health of people attending the school.

I have read, understood and agree to the above terms. The information I have provided is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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