

AKASHIC RECORD CONSULTANTS INTERNATIONAL

8TH ANNUAL CONFERENCE REGISTRATION FORM

Please print clearly in block letters. One form per attendee. This registration and payment of fees reserves your space. Refunds, less a \$75 processing fee, will be granted upon written cancellation request if received by October 9, 2009. Registrations received after October 9, 2009 are not guaranteed meals due to hotel catering contract. NOTE: All attendees consent to be photographed/videotaped for use in ARCI marketing materials.

Name: _____ Home Phone: (____) _____
 Mailing Address: _____ Cell Phone: (____) _____
 _____ Date of Birth: _____
 E-mail address: _____

- Yes, include the above contact information on the Participant List which will be distributed to all attendees.
 Yes, I am an ARCI Member. My member number is _____
 Yes, I would like to provide an item for the Silent Auction. (Please bring item with description and value to the conference registration area when you check in. The auction benefits ARCI.)
 Meal Preference: Regular (no red meat) Vegetarian

ARCI Member Rate => 1	Rates if			Rates if			
Non-member Rate => 2	Received by September 1:			Received after September 1:			
Pre Conference:	1	2	3	1	2	3	TOTALS
<i>Level I Class</i>							
With Conference	\$200	\$220	\$250	\$250	\$275	\$300	
Without Conference	225	245	275	275	300	325	
Instructor Audit	100		200	200		200	
<i>Level II Intensive Class (Prerequisites Level I & Level II)</i>							
With Conference	200	220	250	250	275	300	
Without Conference	225	245	275	275	275	275	
Instructor Audit	100		200	200		200	
General Conference:	300	330	350	350	385	415	
Post Conference:							
<i>ARCI Continuing Education (Certified Teachers & Certified Consultants Only):</i>							
With Conference & Pre	100		150	150		150	
With Conference	125		175	175		175	
CE only	150		200	200		200	

ARCI Golf Shirt: (Larger sizes are special order only)
 Ladies' & Men's \$25 each ___ XS ___ S ___ M ___ L ___ XL.....
 Ladies' Plus \$30 each ___ 1X ___ 2X.....
 7 Pointed Star - Silver Labradorite Pendant \$35 each.....
Total Due: _____

Please remit fees in US Dollars only, Payable to ARCI, and return this registration form with payment to:
 ARCI Business Office P.O. Box 61862 North Charleston, SC 294519
 Voice: 843-991-0831 www.akashicrecordconsultantsinternational.org

Please bill my credit card: Visa Master Card Signature: _____
 Card Number: _____ Exp. _____ 3-digit code _____
 Name on Card: _____
 My check/money order is enclosed ... Check Number: _____