

AKASHIC RECORD CONSULTANTS INTERNATIONAL

9TH 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 6, 2010. Registrations received after October 6, 2010 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	1	2	TOTALS	
Level I Class						
With Conference	\$200	\$220	\$250	\$275		
Without Conference	225	245	275	300		
Instructor Audit	100		200			
Level II Intensive Class (Prerequisites Level I & Level II)						
With Conference	200	220	250	275		
Without Conference	225	245	275	275		
Instructor Audit	100		200			
General Conference:						
With May 2010 ARCI Retreat	320	352	370	410		
	300		350			
Post Conference:						
ARCI Continuing Education (Certified Teachers & Certified Consultants Only):						
With Conference & Pre	100		150			
With Conference	125		175			
CE only	150		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 – Sterling Silver Sapphire Pendant \$40 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 29419

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: _____