

AKASHIC RECORD CONSULTANTS INTERNATIONAL 10TH 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 10, 2011. Registrations received after October 10, 2011 *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
<i>Level I Class</i>						
With Conference	\$205	\$225		\$255	\$280	
Without Conference	230	250		280	305	
Instructor Audit	100			200		
<i>Level II Intensive Class (Prerequisites Level I & Level II)</i>						
With Conference	205	225		255	280	
Without Conference	230	250		280	305	
Instructor Audit	100			200		
General Conference:	345	380		395	435	
With May 2011 ARCI Retreat	325			375		
Post Conference:						
<i>ARCI Continuing Education (Certified Teachers & Certified Consultants Only):</i>						
With Conference & Pre	105			155		
With Conference	130			180		
CE only	155			205		

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: _____