



**THE VANDANA CENTER
WORKSHOP REGISTRATION FORM**

Workshop:

Facilitated by:

Scheduled date of workshop:

Cost of Workshop:

Name: _____

(*Please print your name as you would like it to appear on your certificate)

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Check here to be added to our email list

Payment Due:

Discount: Early Registration Registering w/ a Friend Family Discount

Deposit Amount: _____ Balance Due: _____

(No refunds 14 days before scheduled workshop date; a \$35.00 non-refundable registration fee will be deducted from all deposits)

Type of Payment

Cash Credit Check # _____ Barter Pays # _____ Other

Credit Card Information:

Name on Card: _____

Type: Visa MasterCard American Express

Number: _____

Expiration Date: _____ CV2# _____

I authorize payment on this credit card (Please Sign) _____

Mail this form with payment to:

The Vandana Center/ 317 State Route 34, Suite #10 /Colts Neck, NJ 07722

(732) 431-2244