

**Path of Love and Compassion
Garrison Institute, Garrison, New York**

Dates: February 24 – 26, 2005

Please Print and Fax or Mail this registration to the Garrison Institute, info below.

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Have you been to Garrison Institute? Yes: ___ No: ___ New address? Yes: ___ No: ___

Full rates include program fee, room and meals Friday dinner through Sunday lunch.
(Circle one)

\$437 (single) \$407 (double) \$377 (triple/quad) \$330 (commuter)

Three- and four-person bedroom are located on the 4th floor, limited to 20 people

Would you like to volunteer for a house job and save \$12? Yes: ___ No: ___

Please indicate any physical disabilities to assist assigning your room (*there is no elevator*)

Roommate preference: _____

_____ I am paying by check made out to **Garrison Institute**

_____ I am paying by credit card (Visa, MC, AMEX, Discover)

Credit Card # _____

Amount: _____ Exp. Date: _____ Name on card: _____

Signature: _____

You may fax this registration to Garrison Institute at (845)424-4900 (credit card only)
Or mail it to Garrison Institute, PO Box 532, Garrison, NY 10524

To request information or to register by e-mail, contact retreats@garrisoninstitute.org
The cancellation fee is \$50. Cancellation fees are donated to our scholarship fund.