

Siddha Yoga Meditation
Monthly Meditation Sessions via Live Audio Stream

SIDDHA YOGA MEDITATION CENTER IN HONOLULU

_____, 2017
5:00PM – 6:30PM

Registration Form

PERSONAL INFORMATION

First, Last, and Spiritual Name: _____

Street Address: _____

City and Postal Code _____ Country _____

Phone: _____ E-mail: _____

Emergency Contact (name and phone): _____

Seating preference: Floor Chair

What year did you begin practicing Siddha Yoga? _____

How did you find out about this event? Web E-mail Friend Other _____

Check here to subscribe to the local e-mail list

REGISTRATION FEE (PER PERSON):

Adults: \$15 \$ _____

Young Adults (ages 24 and under): \$5 \$ _____

Total \$ _____

Names of additional participants included in payment: _____

PAYMENT OPTION (CHECK ONE)

Cash

Money order or personal check made payable to “SYDA Foundation”

Please submit your payment with this form.

CANCELLATION POLICY: For cancellations prior to the event, the refund is 90% of your payment. During or after the event, cancellations will not be refunded.

TO REGISTER, SUBMIT THIS INFORMATION:

At the registration desk

E-mail: symchonolulu@hotmail.com

Postal mail: SYMC in Honolulu, #101D, 560 N. Nimitz Hwy, Honolulu, HI 96817