

Come Away with Me :: an extensive care retreat

REGISTRATION FORM

Each person registering for a retreat must submit a completed registration form and pay a \$250 non-refundable deposit. A reservation for a retreat is not guaranteed until the form and deposit is received. The remaining balance (\$1,545) must be paid in full 45 days prior to the beginning of the retreat.

Name: _____ Age: _____ Sex: Female Male

Address: _____

City: _____ State/Prov: _____ ZIP/Post Code: _____

Country: _____ Email: _____

Home: _____ Work: _____ Cell: _____

Check here if you have been or currently are in the *Pastors of Excellence* program at Ashland Theological Seminary.

Please reserve my place at the following retreat: April June August October

NOTE: All accommodations are shared, double occupancy. (A limited number of single rooms are available on a first-come, first served basis for an additional charge of \$350. Please contact us for more information and to check availability.)

Please list any special dietary requirements for meals, allergies, handicap needs or health issues:

The book, *Draw Close to the Fire* by Terry Wardle is required reading for the retreat. A few weeks before the retreat, you will receive a pre-retreat journal, which corresponds with this book.

I have a copy of *Draw Close to the Fire* I do not have a copy of *Draw Close to the Fire*

A \$250 non-refundable deposit is due at registration to reserve your place at the above retreat.

Indicate your intention below:

Enclosed is a check payable to "Healing Care Ministries"

Please charge the following credit card:

Card Type: _____ (*Visa, MasterCard, Discover, American Express*)

Card Number: _____ Expiration Date: _____

Name on Card: _____ 3-digit Security Code: _____

(Note: Do not send credit card information via email, as it is not secure.)

Enclosed is this completed form and the credit card information or a \$250 check to reserve my place at the above retreat. I will be notified via email when my reservation is received. By signing below, I understand my \$250 deposit is non-refundable. I also understand that the balance of the retreat (\$1,545) is due 45 days prior to the retreat and if the balance is not paid by this deadline, my reservation can be cancelled automatically.

Signature

Date

Healing Care Ministries

PO Box 772 • Ashland, OH 44805-0772

Email: retreats@healingcare.org • **Web:** www.healingcare.org