

Event Registration Form



Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Total number of tickets _____ (single ticket \$250 or table for \$2,900)

Total purchase amount: _____

Please list all the names of the individuals that you are buying tickets for so we can sign them up.

List the names of all the individuals you will be attending with who are purchasing separately so we can assign you to the same workshop schedule and seating arrangement.

Payment by Check or Credit Card:

Credit card number: _____

Credit card expiration: _____

If mailing address for credit card is different than listed above please list it here.

Signature: _____ Date: _____

Please mail this form to the address listed below. Make checks payable to Slice of Heaven Day Spa.

Slice of Heaven Day Spa
1821. S. Bascom Ave #113
Campbell CA 95008

Retreat Cancellation Policy

No refunds will be given, however tickets are transferable up to 2 days before the event. The deadline is September 10, 2014 by 5pm. To officially transfer your tickets please contact Carrie by phone 408-607-1297 or email carrie@sliceofheavenspa.com. See www.wwsr.info for full policy details.

"Empowering Women's personal evolution for a healthy and meaningful life!"