



REGISTRATION FORM
TLS Annual Gathering 2008
November 7-10, 2008

Simpsonwood Conference Center, Norcross, GA, USA
www.simpsonwood.org

OFFICE USE ONLY

Rec'd
Proc'd
ID #

A separate form must be completed for each person registering. All funds are listed in and must be paid in US dollars.

YOUR CONTACT INFORMATION - please print

Last Name First Name MI Title
Phone Number (area code + number) Email
Mailing Address City
State Zip or Postal Code Country
Name as you wish it to appear on your name tag

MEMBERSHIP STATUS & OPTIONS

May we list your contact information on the Gathering Participants list?
May we list your contact information in our on-line Membership Directory?
Are you a Member of TLS?
Do you belong to an organization that is a member of TLS?
Organization Name

MEMBERSHIP DUES - annual dues payment may be included with your Gathering Registration

Fill in and add

- Individual membership \$50
Individual discount membership (\$5 off for two or more individuals residing at the same postal address) \$45
Supporting membership \$75
Household membership \$130
Organization membership \$130
Lifetime membership \$1,250

CONFERENCE REGISTRATION AND ACCOMMODATIONS - full registration includes conference fees, 3 days/2 nights lodging and meals from Friday dinner through Sunday lunch. Day Rate for Saturday only includes all of that day's activities and lunch (no other meals or lodging)

Table with columns: Early Bird Rates thru August 31, 2008, SOHL* Membership, Individual Membership, Non-Member. Rows include Single, Double, Triple, Quad, and Day Rate (Saturday only).

*Supporting, Household, Organizational, or Lifetime Member **see roommate matching information on page 2
**Day rate includes Gathering workshops, breaks, and lunch only

Late Registration Rates apply after August 31, 2008

Table with columns: SOHL* Membership, Individual Membership, Non-Member. Rows include Single, Double, Triple, Quad, and Day Rate (Saturday only).

*Supporting, Household, Organizational, or Lifetime Member **see roommate matching information on page 2
**Day Rate for Saturday only includes all of that day's activities, workshops, breaks, and lunch.

Sub-Total Page One - please add amounts of all items you have selected: \$

First Step: A Body & Soul-Centered Transition into Gathering, offered by G/Joan Guilfoyle Fill in and add

Friday morning, Nov 7, 2008, 9:00 am - noon, Budd-Mackay Room \$45 \$ _____

Dowsing a Healing Labyrinth, offered by Marty Cain

Friday morning, Nov 7, 2008, 9:00 am - noon, North Georgia Room \$45 \$ _____

Creating Your Own Labyrinth Inspiration Cards, offered by Rebecca Rodriguez

Friday afternoon, Nov 7, 2008, 1:00 pm – 3:00 pm, North Georgia Room \$45 \$ _____

Creating Your Personal Labyrinth offered by Lisa Gidlow Moriarty & Kimberly Lowelle Saward

Sunday, Nov 9, 2008, 1:00 - 4:00 pm \$45 \$ _____

Post-Gathering Bus Tour of Atlanta Area Labyrinths

Monday, Nov 10, 2008, 9:00 am - 4:00 pm (you must also register for Sunday night lodging below) \$70 \$ _____

Thursday evening lodging and meal (Single \$128, Double \$85, Triple \$75, Quad \$65) \$ _____

Sunday evening lodging and meal (Single \$89, Double \$50, Triple \$40, Quad \$32) \$ _____

Lodging on Thursday includes dinner and Sunday includes breakfast. In order to qualify for double, triple, or quad rates, all roommates must stay in the same room at the same time. For example, a single person staying in any room alone will be charged \$89, not \$50, or any two people staying in any room will be charged \$50 each

Sub-Total Page Two (this page) – please add amounts of all items you have selected: \$ _____

Sub-Total from Page One (previous page): \$ _____

METHOD OF PAYMENT **TOTAL** \$ _____

Scholarship: a limited number of Gathering scholarships are available to TLS members - please contact Registrar

Check: payable to **The Labyrinth Society**, mail with this completed form to the address at the bottom of this page

VISA MasterCard # _____ Expiration Date (mm/yyyy) _____

Name as it appears on your card _____ Phone _____

Billing Address _____ City _____

State _____ Zip or Postal Code _____ Country _____

ADDITIONAL CONSIDERATIONS

Do you require any lodging special needs? *Please list any special needs* _____

ROOMMATE MATCHING INFORMATION - All rooms and roommate assignments will be processed by the Registrar. For roommates to receive the Early Bird rate, all members of the group will need to be registered prior to the Early Bird deadline of August 31, 2008 and have their TLS dues paid in full through November 2008 - no exceptions.

If you have registered for a double, triple, or quad room and already have a roommate(s), please enter their name(s):

Last Name _____ First Name _____ MI _____

Last Name _____ First Name _____ MI _____

Last Name _____ First Name _____ MI _____

If you do not have a roommate(s) pre-arranged, we will match you based on the following information. After September 1st, there is no guarantee of rooms or roommates. You will be notified by email of your assignments.

What is your gender? Male Female

Are you a smoker? (There is no smoking inside any building at Simpsonwood.) yes no

REFUND POLICY – Refunds are available: before September 1st - 100%, September 1st to October 1st - 50%, after October 1st - no refunds. No credit card refunds will be issued. All refunds will be paid by check in US funds.

MAIL REGISTRATION FORM AND PAYMENT TO:

Tricia Kibbe Registrar Email: registrar@labyrinthociety.org
 60 Jarman Road Phone: 978-443-1878
 Sudbury, MA, 01776-2752 USA Fax: 978-443-1878

On line Registration is available at <http://www.labyrinthociety.org>