



Grass Roots Medicine: Integrating Ayurveda, Essential Oils & Yoga Therapy

November 12-19, Sedona

Registration Form

Please print this form and forward it along with your payment to:

7 Centers Yoga Arts, 2115 Mountain Road, Sedona, AZ. 86336 or email to: yoga@7centers.com

Name: _____

Street Address: _____

State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ Age: _____ Sex: _____

*We will be sending you an orientation letter - let us know if we should mail it to a different address. Otherwise we will contact you by e-mail.

Credit Card #: (Visa/Mastercard) : _____

Exp Date: _____ Signature code on the back of your card _____

Enclosed is a deposit of 50% of tuition _____ to reserve your space. The deposit is non-refundable. Balance is due October 1st.

If you are paying by check please make it payable to Mystis, Inc., our non-profit organization.

Will you need assistance with housing? _____ Will you have a car while you are here? _____

How did you hear about this intensive? _____