

Finding Freedom: Healing Weekend Retreat

Registration Form

April 11 – 13, 2009 Xavier Retreat Center, 23 Convent Road, Morristown, NJ 07960

April 30 – May 2 Center for New Beginnings, Dahlonega, GA

Your Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Please enter the names of any friends or family members you may be registering.

Participant 2 _____

Participant 3 _____

Fee: \$333 for first-time participants; \$320 for returning participants, friends and family of returning participants, and patients of Dr. Lu; \$20 discount for couples.

Total Amount \$ _____

Visa MasterCard

Credit Card Number _____ Expiration Date _____

Signature _____

If paying by check or money order, please make payable to: **TCM World Foundation.**

Deadline for registration is 2 weeks prior to the retreat. Refunds may be requested up to 14 days prior to the retreat when requested in writing. Requests may be faxed to 212-274 9879, or mailed usps mail.

If you have questions, please call Elaine Katen or Irma Jenne at 212-274-1079.



Traditional Chinese Medicine
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