

Mercy & Wisdom Healing Retreat

April 16 - 18 th, 2010

Registration Form

Full Name: _____

Address: _____

Phone: _____

Email: _____

Any Medical Concerns?: _____

Emergency Contact :

Name & Phone: _____

Meal Preference: Gluten Free Dairy Free

Vegetarian Vegan

Omnivore

Roommate Preference?: _____

Call, Send, or Fax: Mercy & Wisdom

2 NW 3rd Ave. Portland. OR 97209 Tel: 503-227-1222

Fax: 503-227-1555

www.mercyandwisdom.org