

BARBARA BRENNAN SCHOOL OF HEALING®

Address: 500 NE Spanish River Blvd. #208, Boca Raton, FL 33431

Tel: 561-620-8767 Fax: 561-431-0877

E-mail: alumni@barbarabrennan.com

2018 BBSH/E ALUMNI GATHERING

2018 PROGRAM INFORMATION

COST: \$375.00 (includes lunch on Wednesday and Thursday; transportation and lodging expenses are the responsibility of the participant.)
LOCATION: Reunion Resort, 7593 Gathering Drive, Kissimmee, FL 34747
DATES: February 6–9, 2018
(Check-in begins February 6 at 3:30 PM. The Gathering begins February 7 at 9:00 AM and ends February 9 at 2:00 PM. The BHSA-USA Annual Meeting will be from 3:00 PM–5:00 PM on February 9)

PARTICIPANT INFORMATION

First Name _____ Last Name _____ Home Phone _____
Address _____ Email _____
City, State _____ ZIP Code _____ Country _____
Year of Graduation from Professional Studies Program: _____ BBSH _____ BBSHE
Year of Graduation from Advanced Studies Program (if applicable): _____ BBSH _____ BBSHE

PAYMENT METHOD

VISA MasterCard Discover American Express
 Check/Money Order Wire Transfer
(In US Dollars drawn on a US bank, Payable to BBSH) (For information please contact BBSH Finance Department)
Credit Card Number _____ last 3 digits on back of card _____ Exp. date _____
Name (PRINT exactly as it appears on card) _____
Signature _____

PAYMENT DUE DATE

Please note registration and payment due date:
DECEMBER 22, 2017

PAYMENT (Make payment payable to Barbara Brennan School of Healing (BBSH))

| | |
|---|------------------|
| <input type="checkbox"/> PAYMENT IN FULL | |
| TOTAL FEE (\$187.50 of total fee is nonrefundable) | \$ 375.00 |
| \$50.00 DISCOUNT FOR BHSA-USA MEMBERS (subtract \$50.00 from total) | - \$ |
| \$75.00 LATE FEE (if registering after December 22, 2017) | + \$ |
| TOTAL AMOUNT ENCLOSED | \$ |
| | |
| <input type="checkbox"/> PARTIAL PLAN | |
| DEPOSIT (nonrefundable) | \$ 187.50 |
| \$50.00 DISCOUNT FOR BHSA-USA MEMBERS (subtract \$50.00 from deposit) | - \$ |
| \$75.00 LATE FEE (if registering after December 22, 2017) | + \$ |
| TOTAL AMOUNT ENCLOSED | \$ |
| | |
| BALANCE DUE: JANUARY 22, 2018 | \$ 187.50 |

I understand that a place will be reserved for me after the BBSH office has received my payment. I understand that \$187.50 of my payment/deposit is nonrefundable. If the Gathering is cancelled, my payment will be returned to me in full.

SIGNATURE: _____
Student Signature

_____ Date

_____ Student Name (Please print)