



Ayurveda and Yoga – Where Science Meets Consciousness

February 17 – 21, 2011, Rishikesh, India

Booking & Registration Form

YES! Register me for the following: *(One form per registrant, please)*

International Delegate	By/on 31 Aug 10	By/on 31 Dec 10	After 1 Jan 11
Registration	500.00	600.00	800.00

Registration Includes: (a) All conference materials, and (b) all meals on Feb 17 to 21, (exc dinner on 21st), 2011.

If you are an: (a) Ayurveda or Yoga student from India, (b) Ayurveda physician/teacher/therapist from India or (c) any other from India, *then please contact* conference@punarnava.com or phone +91-422-231-521 or +91-422-238-8081

Amount payable is: US \$: _____. My registration includes: (a) All conference materials, and (b) vegetarian breakfast, lunch and dinner from Feb 17 to 21, 2011 (exc. dinner on 21st).

CANCELLATIONS: The following cancellation charges apply, subject to a minimum cancellation amount of \$ 250.00:

On or before 17 December 2010: \$ 250.00	22 Jan to 10 Feb 11: 75 %
18 Dec 10 to 21 Jan 11: 50 %	On or after 11 Feb 11 or "No Show": 100 %

Check or Money Order Payments

Enclosed is my Check or Money Order for \$ _____, Made payable to Spiritual Journeys, Inc. , & mail to 262 Upland Road, Cambridge, MA 02140. USA.

Bank Transfers

Please contact us and we will provide you our bank information.

Credit Card Payments

We accept Visa / Mastercard / American Express credit card. If you wish to pay by credit card, then in interest of security, please contact us allowing us to telephone you and get the details over the phone.

Title: Dr/Prof/Vaidya/Mr/Ms/Mrs First name: _____. Last name: _____.
(Please print)

Address: _____.

Town: _____ State: _____. PIN/Zip/Code: _____. Country: _____.

Phones: Day: _____ Eve: _____ Passport #: _____.

E-mail: _____. Sex: Male / Female. DoB: _____.
(Please write this clearly as this will be our primary form of communicating with you)

College/Hospital/Institution: _____. Occupation: _____.

I will make my own accommodation arrangements / I would like you to help arrange accommodation, and I will contact you at conference@Punarnava.com (please delete accordingly)

For my **FREE** gift, my Registration Code is _____. I would like any ONE (a): A 15-minutes consultation with an Ayurveda doctor during the conference, or (b) a 15-percent discount on a single invoice for all good and services from vaidyAgrama valid from 17 February to 31 August 2011, or (c) a 10-percent discount on a single invoice for all good and services from vaidyAgrama valid from 1 September to 31 December 2011. This coupon will be given to me with my registration material.

If sharing a room, I want to share with: _____ Signature: _____.

Deepak Singh	Deepak@Punarnava.com	+1-508-358-4267
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