

Deepa Health Farm, SA

Deepa Gleason RN, LAc, MMQ, MTCM

Paradise Jungle Review, Costa Rica

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Summer 2010 Psoriasis Retreat Enrollment Form

Name _____ Date _____

Address _____

City, State, Zip Code _____

Email _____

Home Phone _____ Mobile _____

Emergency Contact Information:

Name & relationship _____

Home Phone _____ Mobile Phone _____

Email: _____

If using this form for one family or group please supply the requested information for all members of the group.

Roommate Selection:

Roommate Name for Cabaña (many can accommodate more than two people should you want to share with a larger groups of friends or family)
Names:

As this program involves travel and different climates, we want to have some basic health information before any problems develop. If you need more room to answer the questions please use the reverse side of this form.

Please list any medical conditions you have:

Please list any food or medication allergies you have:

Retreat , Options & Lodging Choices and Fee calculation:

This traveling group begins with 4 days and three nights at a private hot springs resort, and then moves to a private villa estate at Playa Coco. Each location has local healing benefits like natural volcanic mud, salt filled waters, UV exposure, mineral laden waters, steam treatments and unbeatable Natural Wonders of animals, plants and geology.

Therapeutic Tranquil Tropical Psoriasis Retreat

7 days 6 nights Double Occupancy (or more) hotel rooms or cabañas includes meals and local transportation during the retreat.

\$1,800 pp/USD for participants _____
(includes private treatments with Deepa)

\$1400 pp/USD for guests _____
(without private treatments with Deepa)

Total Retreat Fees Due _____

Final Fee Calculation

Sales Tax (total fee multiplied by .0825 for CA residents) _____

Grand Total due and payable _____

Please include a money order or cashiers check made out to Deepa Health,
C/O M. Gleason, 300 Long View Lane, San Luis Obispo, California, 93405

Attestation and Participation Request

I, _____, freely request admission to the Summer 2010 Psoriasis retreat and any optional side trips offered by Deepa Health Farm, SA in Costa Rica, June 26 ---July 2 , 2010. I am a responsible adult and I will take full legal and financial responsibility for my own actions and travel arrangements to and within Costa Rica. Parents agree to be responsible for their children's behavior and actions. I will not hold Deepa Health Farm or its agents, sub contractors and representatives responsible for any actions in accordance with all the laws of Costa Rica, Central America.

Signed & Dated _____