

**Spring Healer heal Thyself Retreat
Registration form**

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone where we can reach you easily _____

Arrival information: Arriving in (circle one) Tampa Sarasota

Time of arrival _____ Airline: _____

Will you need transportation from the airport? (Circle one) yes no

Meal preferences (circle all that apply): vegetarian gluten-free low-fat low carb

other (please describe _____)

Will you be: (circle one) camping (Please contact Howard Rand at DOCSPHOTO@aol.com)
Staying at a hotel (you will need to make your own reservations)? (Which one? _____)

Activities: To help us plan, please let us know which activities you are interested in. (Once you are at the retreat, you can change your mind—this is just to let us what to be prepared for.) Keeping in mind it is impossible to do it all in the time we have for the retreat, please circle all you would like to do.

- Ringling Museum Trip
- Mote Aquarium
- Marie Selby Botanical Gardens
- Beach day at Siesta key and barbecue
- Canoe/kayak river trip
- Group Boat tour in the park
- Bicycling in the park
- Herb Farm visit
- Crowley Homestead and park
- Massage Treatments

Registration is \$220 per person

Number of people attending _____ x \$220 each = \$ _____

I am paying by:

___ Check (payable to AHVMA)

___ Visa ___ Mastercard

Credit card number _____ Expiration date _____

3- digit security code (on back) _____

Mail this form (and your check, if paying by check) to:

AHVMA
2218 Old Emmorton Road
Bel Air, MD 21015