

RETURN THIS FORM TO YOUR REGIONAL HEADQUARTERS

**21-day and 8-day Registration Workshops, and Registration Blessing**

Wife's name: \_\_\_\_\_

Husband's name: \_\_\_\_\_

Wife's dates of workshop attendance: \_\_\_\_\_

Husband's dates of workshop attendance: \_\_\_\_\_

Number of child(ren) attending the registration blessing on Aug. 10th \_\_\_\_\_

Blessing group \_\_\_\_\_

City, State \_\_\_\_\_

e-mail: \_\_\_\_\_

phone number: \_\_\_\_\_

Transportation:

\_\_\_\_\_ I want to use the shuttle from Albany airport

Passenger name(s):

Arrival time:                      Airline:                      Flight #:

Departure time:                      Airline:                      Flight #:

\_\_\_\_\_ I will drive to the workshop

\_\_\_\_\_ Other transportation -- I will travel to UTS by:

Payment:

\_\_\_\_\_ I (we) will send payment using PayPal

\_\_\_\_\_ I (we) will pay upon arrival at UTS