

**A.R.E. Registration Form**  
A.R.E. Fall Retreat----November 14-16, 2008

**Register today! Space Is Limited For This Very Special Event!**  
Please complete one form per person or family. Mail with your payment to:  
**Registrar, Debbie Dvornik, 1255 Hughes Ave., Santa Rosa, CA 95407**  
**707-528-7102, deblmd@hotmail.com**

Print name (for name tag) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening or Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

<b>A.R.E. Tuition</b>	<b>By Sept 8</b>	<b>After Sept 8</b>	<b>Qty</b>	<b>Total</b>
Regular Price	\$159	\$189	___	___
ARE Member	\$139	\$169	___	___
Two Adults Together	\$259	\$289	___	___
Senior Price (62+)	\$119	\$139	___	___
Young Adult (15-21)	\$ 49	\$ 59	___	___

**For registration after Sept. 8 deadline, call Registrar to see if space is available!**

**Register with a friend and save!** One discount per person.

**Room and Board**

**Prices are per person.** Please number choices in order of preference. If your choice is not available you will be assigned based on availability and appropriate charge will apply.

\_\_\_ Standard Single (Limited) \$399    \_\_\_ Historic Single (Limited) \$326  
\_\_\_ Standard Double \$249        \_\_\_ Historic Double \$223  
\_\_\_ Standard Triple (Limited) \$195    \_\_\_ Historic Triple (Limited) \$175  
\_\_\_ Youth (Under 17) \$129        \_\_\_ House me w/Youth Track

I will share a room with \_\_\_\_\_  Assign me a roommate  
 I need a hearing assistance device  
 I need disability access or special request: \_\_\_\_\_

First time to A.R.E. at Asilomar? \_\_\_\_\_

Check appropriate boxes:

I am a:  male  female  I snore  vegetarian  Sunday Box lunch  
*(Those not indicating vegetarian will get regular meals. No changes.)*

**PAYMENT**

Tuition fees ..... \$ \_\_\_\_\_  
Room & Board fees ..... \$ \_\_\_\_\_  
Off-grounds fee (\$9.25/day) ..... \$ \_\_\_\_\_  
Scholarship donation ..... \$ \_\_\_\_\_  
Total amount ..... \$ \_\_\_\_\_

Visa  MasterCard  Check  Money Order  
(Make checks payable to **N. CA./N. NV. Region ARE**)

Card Number *the Region will bill your credit card upon receipt.*    CVS code    Exp. Date  

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Name on Card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

