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IONS RETREAT CENTER
INTERNATIONAL THEOSOPHICAL CONFERENCE 2007

REQUEST FOR RESERVATION FORM

DATES OF CONFERENCE: AUGUST 10 – 12, 2007

Name 1:

Name 2:

Name 3:

Name 4:

Name 5:

Address 1:

Country:

Code:

Phone:

Cell:

Email

MEAL SCHEDULE

- Breakfast 8:00 - 9:00AM
- Lunch 12:30 - 1:30 PM
- Dinner 6:00 - 7:00 PM

Dietary Preferences: (insert numbers requested, not check marks)

_____ No Preference

_____ w/Vegan Options

_____ w/Vegetarian Options

_____ Day Use Only

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ROOM RESERVATIONS

TOTAL REQUESTED: _____

_____ Single Occupancy: \$296 full conference all meals

_____ Double Occupancy: \$277.00 per person full conference all meals

_____ Day Use Only With Meals: \$141.00 for full conference

_____ Day Use Only without Meals: \$45 for full conference

GRAND TOTAL: \$ _____

AMT ENCLOSED: \$ _____ (x) if deposit: _____

BALANCE DUE: \$ _____

Mail both pages of this Form with your check/money order made out to:

San Diego Theosophists, Inc.

P.O. Box 459

Julian, CA 92036

MORE INFO: Sally or James Colbert: (760) 765-1090

or email: info@theosophysandiego.org