

SIDDHA YOGA SHAKTIPAT INTENSIVE® 2024
IN HONOR OF BABA MUKTANANDA'S MAHASAMADHI
A Golden Anniversary

SIDDHA YOGA MEDITATION CENTER IN ATLANTA 2531 BRIARCLIFF ROAD, SUITE
100, ATLANTA, GA 30329

OCTOBER 26, 2024, TIME 9:00AM – 6:30PM

OR

NOVEMBER 2, 2024, TIME 9:00AM – 6:30PM

Registration Form for Registration Other than Online
(If you wish to register online, you may do so at www.siddhayogaatlanta.org)

PERSONAL INFORMATION

Name: _____

Street Address: _____

City and Postal Code _____ Country _____

Phone: _____ E-mail: _____

Emergency Contact (name and phone): _____

Seating preference: Floor Chair

What year did you begin practicing Siddha Yoga? _____

Is this your first Siddha Yoga Shaktipat Intensive? Yes No

How did you find out about this event? Web E-mail Friend Other _____

Check here to subscribe to the local e-mail list

REGISTRATION FEE (PER PERSON):

Adults: \$500 \$ _____

Young Adults (ages 24 and under): \$170 \$ _____

Lunch \$20 \$ _____

Total \$ _____

Names of additional participants included in payment: _____

PAYMENT OPTION (CHECK ONE)

Cash

Visa, Master Card, Amex, Discover (in person at center only)

Money order or personal check, made payable to SYMC in Atlanta

Please submit your payment with this form.

CANCELLATION POLICY: For cancellations prior to the event, the refund is 90% of your payment. For cancellation requests made during or after the event, your payment will not be refunded.

TO REGISTER, SUBMIT THIS INFORMATION IN ONE OF THE FOLLOWING WAYS:

At the registration desk

E-mail: centermail@siddhayogaatlanta.org

Postal mail: SYMCA, 2531 Briarcliff Rd, NE, Suite 100, Atlanta, GA 30329

If you have questions, contact the registration sevite, Raj Khatri email: rajkhatri@yahoo.com