



**The Art of Presence  
9<sup>th</sup> Annual Healthcare Renewal Retreat  
August 14-20, 2014, Assisi, Italy  
Registration and Payment Form**

**Complete, print, and mail this form along with check payment to:** GWish, Attn. Assisi Retreat, 2030 M St. NW, Suite 4014, Washington, DC 20036 *or* fax completed form with credit card information to 202-994-6413.

<b>Date Form Completed</b>	<b>Name</b> (First, Middle Initial, Family)	<b>Organization or University</b>
<b>Office Phone</b> (w/area code)	<b>Cell Phone</b> (w/area code)	<b>Preferred Email Address</b>
<b>Date of Birth</b> (MM/DD/YYYY Italian Lodging Requirement)		<b>City, State, &amp; Country of Birth</b> (Italian Lodging Requirement)
<b>Mailing Address</b> (Street Number, City, State, Zip/Postal Code, Country)		
<b>Biography</b> (Briefly describe your goals and interests, including your degree and education. For more room, please continue on back or on separate sheet if faxing.)		
<b>Please describe any special needs</b>		
<b>Continuing Education</b> (cost included in registration fee): <input type="checkbox"/> Physician CMEs <input type="checkbox"/> Nursing CEUs <input type="checkbox"/> Certificate of Completion		

**Room Occupancy**

- Single
- Double with \_\_\_\_\_

Please print the name of your roommate and have your roommate also indicate your name on his/her form. Note: if you select double and do not indicate a companion, we will choose an appropriate same-sex participant as your roommate.

**Fees and Payment**

- Tuition fee \$1,095
- \$250 deposit holds a space. Full payment due by Friday, July 11, 2014.
- Note: Do not include payment for lodging; you will pay for lodging and meals upon arrival directly to the monastery.

**Payment Type**

- Check # \_\_\_\_\_ (payable to GWish) in the amount of \$ \_\_\_\_\_
- Visa    MasterCard (only cards accepted) in the amount of \$ \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_ **Exp. Date (MM/YYYY):** \_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

<i>For Office Use Only:</i> Authorization No. _____ Reference No. _____ Date Form/Payment Received: _____ Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No Notes: _____ Notes: _____
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