Please use a separate form (photocopied) for each participant. Please print legibly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: ( ) _____ Evening Phone: ( ) _____

Occupation: _____ E-mail: _____

Key Code: 06YG **Customer #:** _____

(Please copy key code and customer number from the mailing address on the other side of this brochure. We cannot process your registration without this information.)

❑ Check here if you have a disability that affects your attendance at the conference so we can better accommodate you. An event coordinator will contact you.

❑ Please do not rent my name.

DUE TO SPACE LIMITATIONS, PLEASE INDICATE YOUR FIRST TWO CHOICES IN ORDER OF PRIORITY FOR EACH WORKSHOP.

MAIN CONFERENCE

SATURDAY, SEPTEMBER 16

SESSION 1 7:00 a.m. – 8:30 a.m.
__ Dunn **B1A**
__ Khalsa **B1B**
__ Lee **B1C**
__ Little **B1D**
__ Mittra **B1E**
__ Palkhivala **B1F**
__ Rizopoulos **B1G**
__ Stryker **B1H**
__ Weintraub **B1J**
__ Yee **B1K**

SESSION 2 9:00 a.m. – 11:00 a.m.
__ Baptiste **B2A**
__ Busia **B2B**
__ Corn **B2C**
__ Folan **B2D**
__ Friend **B2E**
__ Gannon/Life **B2F**
__ Powers **B2G**
__ Rizopoulos **B2H**
__ Saranam **B2J**
__ Whitwell **B2K**

SESSION 3 12:30 p.m. – 2:30 p.m.
__ Birch **B3A**
__ Fenyes **B3B**
__ Friend **B3C**
__ Gannon **B3D**
__ Khalsa **B3E**
__ Kraftsow **B3F**
__ Mittra **B3G**
__ Rea **B3H**
__ Shayne **B3J**
__ Stryker **B3K**
__ Yee **B3L**

SESSION 4 3:00 p.m. – 5:00 p.m.
__ Baptiste **B4A**
__ Dunn **B4B**
__ Folan **B4C**
__ Friend **B4D**
__ Kraftsow **B4E**
__ Life **B4F**
__ Little **B4G**
__ Powers **B4H**
__ Rea **B4J**
__ Swenson **B4K**
__ Yee **B4L**

SUNDAY, SEPTEMBER 17

SESSION 5 7:00 a.m. – 8:30 a.m.
__ Birch **C5A**
__ Corn **C5B**
__ Khalsa **C5C**
__ Lee **C5D**
__ Life **C5E**
__ Little **C5F**
__ Rizopoulos **C5G**
__ Saranam **C5H**
__ Shayne **C5J**
__ Whitwell **C5K**
__ Yee **C5L**

SESSION 6 9:00 a.m. – 11:00 a.m.
__ Baptiste **C6A**
__ Birch **C6B**
__ Dunn **C6C**
__ Friend **C6D**
__ Gannon **C6E**
__ Lee **C6F**
__ Palkhivala **C6G**
__ Powers **C6H**
__ Rea **C6J**
__ Stryker **C6K**
__ Weintraub **C6L**

SESSION 7 1:00 p.m. – 3:00 p.m.
__ Baptiste **C7A**
__ Busia **C7B**
__ Corn **C7C**
__ Fenyes **C7D**
__ Folan **C7E**
__ Friend **C7F**
__ Kraftsow **C7G**
__ Palkhivala **C7H**
__ Rea **C7J**
__ Swenson **C7K**

PRE-CONFERENCE INTENSIVES

FRIDAY, SEPTEMBER 15 (FULL DAY)

9:00 a.m. – 4:30 p.m.
__ Baptiste **A01**
__ Corn **A02**
__ Friend **A03**
__ Kraftsow **A04**
__ Lee **A05**
__ Little **A06**
__ Palkhivala **A07**
__ Powers **A08**
__ Stryker **A09**
__ Swenson **A10**
__ Yee **A11**

POST-CONFERENCE INTENSIVES

MONDAY, SEPTEMBER 18 (FULL DAY)

9:00 a.m. – 4:30 p.m.
__ Gannon/Life **D01**
__ Khalsa **D02**
__ Rea **D03**

CONFERENCE FEES

(Tuition Only)

	Postmarked:	**Advance** *By July 19*	**Regular** *After July 19*	**Amount**
MAIN CONFERENCE				
		❑ $395	❑ $445	$_____
Less 10% Discount* ❑ Senior ❑ Student ❑ Bring-A-Friend				–$_____
PRE-CONFERENCE INTENSIVES				
	Main Conference Attendees	❑ $125 ea.	❑ $125 ea.	$_____
	Non-Main Conference Attendees	❑ $175 ea.	❑ $175 ea.	$_____
POST-CONFERENCE INTENSIVES				
	Main Conference Attendees	❑ $125 ea.	❑ $125 ea.	$_____
	Non-Main Conference Attendees	❑ $175 ea.	❑ $175 ea.	$_____

Conference Scholarship Contribution *(optional)* $ 10.00

TOTAL AMOUNT ENCLOSED $_____

Payment Method ❑ Check (to: Omega Institute) ❑ Money Order (to: Omega Institute) ❑ MasterCard ❑ Visa ❑ Discover ❑ V/MC Debit
(U.S. Dollars Only)

Credit/Debit Card No. _____ Exp. Date: Mo. and Yr. _____ **Validation No. _____

CARDHOLDER'S SIGNATURE CARDHOLDER'S NAME AS PRINTED ON CREDIT CARD (PRINT) BILLING ZIP CODE

*Only one type of discount may be taken.

****Validation No.** On the back of your credit card, printed in the white box with your signature in it, is either your whole credit card number or the last four digits, followed by a three-digit validation code. Please enter that three digit number here.