

ESALEN INSTITUTE RESERVATION FORM

This form is for your convenience in reserving a space in Esalen workshops. If you wish to make reservations for more than one person, please photocopy this form so that each registrant has his/her own form, unless you are registering as a couple with the same address and phone number. A nonrefundable deposit for each person registering

and each workshop applied for must accompany this form. (Please see Reservation Information, page 94, under Fees and Accommodations, Making Contact with Us, and Cancellation Policy.) **Reservations can now be made on-line at www.esalen.org.**

Name of Registrant _____ Sex: M F Couple
PLEASE PRINT

Address _____ E-mail _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Check if you have previously been to Esalen and this is a new address.

Ridesharing: We support ridesharing and hope you will too. If you are driving to Esalen and willing to give a ride to someone from your area, check here

Occasionally there are unexpected situations that require us to contact you immediately before your stay here. If you will not be at the above numbers during the two weeks prior to the workshop, where may we reach you?

Please mark your first and second choices for housing after referring to page 94 for accommodation descriptions and rates. Total cost includes workshop fees, lodging, and meals.

- Check for standard accommodations, if available.
- Check for bunk bed room, if available.
- Check for sleeping bag space, if available.
- Check for off-site accommodations.
- Check if you wish to room as a couple.

Write here the name(s) of any person(s) with whom you wish to room.

All workshop reservations require a nonrefundable deposit. **The balance will be automatically drawn from your credit card five days before your arrival.** Your signature below authorizes Esalen to charge your credit card for the balance.

Workshop Date	Leader's Name	Fee
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Workshop Deposits Enclosed _____

Tax-deductible contribution to Friends of Esalen (Optional, see page 4) _____

\$5 Catalog Contribution (Optional) _____

Subtotal _____

Total Amount Enclosed _____

- Check here for \$10 prepay discount (see page 94).
- Check here if this is your first visit to Esalen.
- Check here if you need directions to Esalen.
- Check here if you are a senior.

FOR OFFICE USE ONLY

DATE REC.	RES INITIALS	CIRCLE DEPOSIT	CC	CK	CA	SUS
DEPOSIT AMT.	RES. BK	CC AUTH. #				
DATE TYPED	TYPED INITIALS	PP	SCHOL	LIMO	SENIOR	

Passenger Van Service:

I want transportation from (check one):

Monterey Airport at approximately 4:00 PM on

_____ (date of arrival, Fridays and Sundays only).

Monterey Transit Plaza at approximately 4:20 PM (corner of Pearl and Alvarado, next to Ordway Drug)

The \$60-per-person charge (subject to change) is payable on arrival at Esalen. Please prepare to arrive at the airport well before 4:00PM so you do not miss our van. Esalen cannot be responsible for taxi fare or other transportation costs. **If your plans for use of the passenger van service change after you have made your reservation, please notify us.** The only departing van service from Esalen is on Fridays and Sundays at approximately 5:30 PM. If you plan on taking this van please make sure that your plane reservations are after 8:00 PM. Passenger van service is not available at any other time.

Other Notes:

All of our rooms are non-smoking. If you smoke, please plan to do so outside.

No pets allowed, except registered animals in service.

Snoring: All of our accommodations are shared. Please come prepared for the possibility of rooming with a snorer.

Check here if you do not want your phone number given out for ridesharing.

Please make checks payable to Esalen Institute, in U.S. currency only. (There will be a \$15 fee for returned checks.) Overseas residents must pay by checks drawn on U.S. banks or with one of the charge cards below. Checks or credit card information must accompany the reservations form. Or, you may **fax** this form to us at **831-667-2724**. If you do so, *you must include payment via one of the credit cards below.*

Your reservation can be charged to:

MasterCard Visa American Express

Name on Card _____

Card No. _____

Expiration Date _____

Authorizing Signature _____

Thank you for your reservation. As soon as it is processed you will receive by return mail a receipt for your deposit and a notice of confirmation. Please review your confirmation for accuracy.