

ESALEN INSTITUTE RESERVATION FORM

Please use this form to reserve a space in Esalen workshops. If more than one person is registering, photocopy and submit separate forms unless you're registering as a couple with the same address and phone number. Unless otherwise noted in the workshop description, workshop participants must be at least 18 years old.

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 online 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.

Emergency Contact Information

Name: _____

Relationship: _____ Phone number: _____

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 110 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.
- Check for Premium Accommodations, if available.
- Check for Point Houses, if available.

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

Workshop Deposits Enclosed _____

Tax-deductible contribution to Friends of Esalen (Optional, see page 2) _____

\$5 Catalog Contribution (Optional) _____

Subtotal _____

Total Amount Enclosed _____

Check here if this is your first visit to Esalen.

Check here if you are a 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 4:15 PM (corner of Pearl and Alvarado, next to Ordway Drug)

Monterey AirBus Station at approximately 4:20 PM (438 Calle Principal near Montrio Bistro)

The \$65-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 in designated smoking areas only.

Other than service animals, pets are not allowed.

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 \$25 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 _____

Billing Zipcode _____ CVV (security) code _____

Authorizing Signature _____

You will receive a confirmation of your reservation by e-mail.