

Women's Retreat
REGISTRATION

Bali Retreat

Tulum Retreat

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening) _____

Fax: _____ E-mail: _____

___ Single Occupancy ___ Double Occupancy

Please make checks payable to Karen Rosenberg, LISW and mail registration and deposit to
Karen Rosenberg, LISW 2460 Fairmount Blvd. Suite 320 Cleveland Heights, Ohio 44106-3171