

## Registration for Padma Dakini Event Nov 12<sup>th</sup>-14<sup>th</sup> 2004

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**The EARLY BIRD DISCOUNT applies to any registration forms postmarked November 1<sup>st</sup> or earlier. Chagdud Gonpa Foundation members also receive discounts.**

	Early Bird – CGF member	Early Bird – Non-CGF	After Nov 1 CGF member	After Nov 1 Non-CGF
<u>Fri 12th November</u>				
DAY	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>
OVERNIGHT	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$85 <input type="checkbox"/>	\$90 <input type="checkbox"/>
<u>Sat 13<sup>th</sup> November</u>				
DAY	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>
OVERNIGHT	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$85 <input type="checkbox"/>	\$90 <input type="checkbox"/>
<u>Sun 14<sup>th</sup> November</u>				
DAY	\$45 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>
OVERNIGHT	\$65 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$85 <input type="checkbox"/>	\$90 <input type="checkbox"/>
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Butterlamp Offerings** I would like to offer \_\_\_\_\_ butterlamps @ \$1.00. Total: \$ \_\_\_\_\_  
Dedication (with any specific date requests): \_\_\_\_\_

\_\_\_\_\_

**Tsog Offerings** I would like to offer a total of \$ \_\_\_\_\_ for the tsog on \_\_\_\_\_ (day/s).  
Dedication: \_\_\_\_\_

\_\_\_\_\_

**Saving of Lives** I would like to offer \$ \_\_\_\_\_ dedicated to \_\_\_\_\_

\_\_\_\_\_

Registration \$ \_\_\_\_\_  
+ offerings \$ \_\_\_\_\_  
= \$ \_\_\_\_\_ **TOTAL**

**CHECK** -- Please find enclosed my check for \$ \_\_\_\_\_.  
(Please make check payable to 'CGF/Ati Ling' and mail with this form to:  
Ati Ling - Chagdud Gonpa Bay Area, P.O. Box 1913 - Sebastopol, CA 95473)

**CREDIT CARD** -- I would like to pay by credit card. (Please be sure to bring  
your credit card to the event for processing on arrival. Thank you!)

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**Additional information (optional)**

I have a specific medical/mobility condition which the event organizers need to know  
about: *(details)* \_\_\_\_\_

\_\_\_\_\_  
*(All information will be kept confidential. If you prefer, you may discuss any needs you  
have by telephone. Please call 707 824 1073 and leave your name and contact details)*

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PLEASE MAIL THIS COMPLETED FORM, WITH CHECK IF APPLICABLE, TO:

Ati Ling – Chagdud Gonpa Bay Area  
PO Box 1913 Sebastopol  
CA 95473

If you have any questions, please leave a message on the Ati Ling voicemail (707) 824  
0291, or email us at [atiling@hotmail.com](mailto:atiling@hotmail.com). Thank you!