

India Sacred Retreat Tour
Rishikesh-Chopta & Tunganath- Kedarnath, India – Sept. 24-Oct. 13, 2009

RESERVATIONS AND RELEASE

TOUR PRICE: \$6599* (credit card) or \$6459* (cash, cashier's check, bank drafts, or money order payments) per participant, including airfare and accommodations. Group airfare reservations for the 2009 Sacred Retreat Tour are provided by American Airlines Group & Meetings Travel.

RESERVATIONS/DEPOSITS: Payments for the 2009 India Sacred Retreat Tour (the "Tour") must be received by the dates indicated below:

Registration and Non-Refundable Deposit Due: May 1, 2009

Payment in Full Due: June 15, 2009

A \$500.00 non-refundable deposit per person will secure space. The balance is due June 15, 2009. Tour space is limited, and reservations will be based upon date of participants' deposit. If registrations exceed available Tour space, priority will be given to the earliest postmark dates on deposits received.

RELEASE/RESPONSIBILITY: The Tour Organizer and its representatives will have no responsibility or liability for any delays (including delayed departures or arrivals); missed airline or other carrier connections; injury, loss, or damage to persons or property (including luggage), unless it results from the negligence or willful misconduct of the Tour Organizer or its representatives; or additional expenses resulting from changes in exchange rates, tariffs, or itinerary. **By signing this Tour Participant Agreement, the participant releases the Tour Organizer and its representatives from any such responsibility or liability.** The liability of common carriers, including liability for lost luggage, is generally limited by applicable law. Participants are strongly encouraged to purchase cancellation, luggage, and accident insurance.

The Tour Organizer reserves the right to accept or reject any Tour participant at any time without liability and without any obligation to pay a refund or any other amount whatsoever. The Tour Organizer will have no responsibility or liability for any participant who leaves the Tour prior to its conclusion or for any activity undertaken by any participant which is not included on the Tour itinerary.

I/we have read and understand the Tour Participant Agreement/Terms and Conditions for the 2009 India Sacred Retreat Tour and, by making my/our advance payment as set forth below, agree to the terms thereof.

Please reserve my/our space.

Signature

Date

Signature

Date

PLEASE PRINT:

Name _____ Male Female
(as it appears on passport)

Passport Number: _____ Expiration Date: _____ Nationality: _____

Name _____ Male Female
(as it appears on passport)

Passport Number: _____ Expiration Date: _____ Nationality: _____

Address _____

City/State/Zip _____

Country _____

Telephone: Day (_____) _____ Evening (_____) _____

Email: _____ Fax: (_____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact's Phone #1: _____ Phone#2: _____

Emergency Contact Address: _____

Emergency Contact E-mail: _____

Do you have any medical conditions or physical/mental health issues at this time? yes no If yes, please explain:

Additional airline courtesy information:

Name: _____ American Airlines Frequent Flyer # _____

Special Meal Request: _____ Seat Request (if available): _____

Name: _____ American Airlines Frequent Flyer # _____

Special Meal Request: _____ Seat Request (if available): _____

Group Orientation meeting date (see Terms & Conditions for more information on the Group Orientation meeting) for the 2009 India Sacred Retreat Tour is: SATURDAY, June 20, 2009 at 10am at 4848 N. Lydell Ave., Glendale, Wisconsin

I will attend the meeting I will not be able to attend the meeting, and I understand that I am responsible for reading and understanding all orientation information. Please send the information (pdf document) to my e-mail address: _____

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:

A) Enclosed is a cashier's check, certified check, or money order (U.S. funds only):

In the amount of: \$ _____, as (check one) **payment in full** **nonrefundable deposit** for the 2009 India Sacred Retreat Tour. **NOTE:** Check or money order should be made payable to VITALITY MATTERS, LLC.

B) I wish to charge my credit card: (circle one:) VISA or Mastercard:

In the amount of: \$ _____, as (check one) **payment in full** **nonrefundable deposit** for the 2009 India Sacred Retreat Tour.

My credit card number is: _____ Expiration: _____

Credit Card 3-digit security code (on back of card): _____

Registrations will not be processed until deposit is received.

Complete, sign and return this entire Reservations and Release form with your payment to:

2009 India Sacred Retreat Tour, c/o Vitality Matters, LLC, 4848 N. Lydell Ave. #226, Glendale, WI 53217, Attn: Ragani.
A copy of this Agreement will be returned to you upon acceptance, acknowledging receipt of your payment.

Your answers to the following questions will help us to know a little about you:

Is this your first trip to India? yes no

Have you participated in the Kirtan with Ragani first Friday event? yes no

How did you hear about the India Sacred Retreat Tour? _____

* See Tour Participant Agreement/Terms and Conditions for cost inclusions and exclusions.