

Payment Form



Please Check:

June 2 - 4

Cost: \$375 before May 12th or \$395 after.

Deposit: \$75 due by April 10th is non-refundable

September 8 - 10

Cost: \$375 before June 30th or \$395 after.

Deposit: \$75 due by June 12th is non-refundable

Payment Included: _____

Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Please make check payable to: Sisters of Saint Joseph

If Paying by Credit Card please check:

Visa Mastercard Discover American Express

Credit Card Number: _____

Expiration Date: _____ CV Code: _____

Signature: _____

Phone: _____

NOTICE: Saint Mary by-the-Sea has a small elevator that can assist with luggage, and those who have trouble with stairs. However, it does not make the house handicap-accessible. If you cannot manage one flight of stairs, please request a 1st floor room.

Yes, I have trouble with stairs and would like to be on the first floor.

I have Food Allergies as specified below:

I want to room near the following person(s):

1. _____

2. _____

3. _____

Workshop Registration

Please write your top two choices for each session.

Session 1 — Saturday 10:15 - 11:45 a.m.

1. _____

2. _____

Session 2 — Saturday 1:30 - 3:00 p.m.

1. _____

2. _____

Session 3 — Sunday 9:30 - 11:30 a.m.

1. _____

2. _____

Extra

Massage and Skin Care Consultation: Pamper yourself with a relaxing, soothing massage or get a Skin Care Consultation. Sign up upon arrival — first come, first serve basis. Both services will occur simultaneously with the workshops.

Yes, I am interested in a one hour massage (\$60).

Yes, I am interested in a 1/2 hour Skin Care Consultation (\$20)

Payments will be taken at the time of service, **only cash or check will be accepted.**

Photo Release: I consent and agree that the Sisters of Saint Joseph have the right to take photographs, videotape, or digital recordings of me during the sponsored Women's Wellness Weekend event. I release all rights to exhibit this work in print and electronic form publicly or privately. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

Signature: _____

See all of our events at <http://ssjphila.org/new/support-our-mission-2/events>

Return this form & payment to:

SSJ Development Office
9701 Germantown Avenue
Philadelphia, PA 19118

