

## **ENROLLMENT FORM**

NAME:
CONTACT NUMBER:
ADDRESS:
HOW DID YOU HEAR ABOUT THE RETREAT?
WHAT ARE YOUR HEALING INTENTIONS FOR THE WEEKEND?
IS THERE ANYTHING YOU WANT DR. MILSPAW TO KNOW BEFORE THE WEEKEND?
SEND FORM AND PAYMENT TO: 4Directions Counseling, LLC.

## \$550 PER PERSON

701 West Union Blvd, Suite 2,

Bethlehem, PA 18018

Rate includes Friday night snack, and all three meals on Saturday

To include overnight stay at the B&B, total cost is \$750