

## REGISTRATION FORM

*Intensive/Post-Intensive Centering Prayer Retreat: 10/25-30, 2020*

*Sponsored by Contemplative Outreach MD & Washington*

### PERSONAL INFORMATION

- First Name \_\_\_\_\_
- Last Name \_\_\_\_\_
- Email \_\_\_\_\_
- Confirm Email \_\_\_\_\_
- Address 1 \_\_\_\_\_
- Address 2 \_\_\_\_\_
- City \_\_\_\_\_
- Zip Code \_\_\_\_\_
- Cell Phone \_\_\_\_\_

### RETREAT TRACK (check one)

\_\_\_\_\_ **I want to register for the Intensive Retreat**

(The *Intensive* track includes a daily video with discussion of some of Thomas Keating's teachings. If you are relatively new to Centering Prayer, have not attended a Centering Prayer retreat before, or would like a refresher of some of the teachings, choose the *Intensive* track.)

\_\_\_\_\_ **I want to register for the Post-Intensive Retreat**

(I have an established Centering Prayer practice and have previously attended a Centering Prayer retreat)

### SPECIAL NEEDS

Please list any special dietary or other requests. We will do our best to meet these needs.

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### RETREAT FEE

\_\_\_\_\_ I have enclosed the non-refundable registration fee. \$125.00

\_\_\_\_\_ I have enclosed the full payment. \$690.00

(Full payment includes the non-refundable fee of \$125.00)

\_\_\_\_\_ I am interested in applying for a partial scholarship (Note: you will be contacted with more information)

**The balance of \$565.00 must be received no later than September 12, 2020.**

**For registration by mail, complete form & make check out to "Contemplative Outreach of Maryland and Washington (COMW) and send to: Kathleen Blank Riether, 5265 Winter View Drive, Alexandria, VA 22312-3912**

For more information, contact Suzi Kindervatter at: [skindervatter@gmail.com](mailto:skindervatter@gmail.com)