

EANT 2011 ANNUAL CONFERENCE • Oct 20 – 23
 Asilomar Conference Grounds | Pacific Grove, California



Name 1 _____
 Type _____ Sub-type _____

CONFERENCE ELIGIBILITY:

EPTP-CERTIFIED _____ EPTP WEEK ONE _____ STUDENT OF AN EPTP-CERTIFIED TEACHER _____ SPOUSE/PARTNER _____

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Profession _____

Email _____

Name 2 _____

Type _____ Sub-type _____

CONFERENCE ELIGIBILITY:

EPTP-CERTIFIED _____ EPTP WEEK ONE _____ STUDENT OF AN EPTP-CERTIFIED TEACHER _____ SPOUSE/PARTNER _____

I. EANT Membership Fees (renewal or new member – Membership Eligibility: Completed at least one week of the Enneagram Professional Training Program)

| | | | <u># of Memberships</u> | | | |
|--|----------------|---|-------------------------|---|----------|--|
| One Year: | \$50.00 | x | ___ | = | \$ _____ | |
| Two Years: (DISCOUNTED RATE) | \$90.00 | x | ___ | = | \$ _____ | |

II. EANT Annual Conference Fees

| | | | <u>Quantity</u> | | | |
|--|---|----------|-----------------|-----|---|----------|
| FOR MEMBERS | By 06/17/11 | \$375.00 | x | ___ | = | \$ _____ |
| | By 08/19/11 | \$425.00 | x | ___ | = | \$ _____ |
| | By 10/14/11 | \$475.00 | x | ___ | = | \$ _____ |
| FOR NON-MEMBERS <small>Non-members are those who have not yet completed Week One of the EPTP and therefore are not eligible for association membership</small> | By 06/17/11 | \$475.00 | x | ___ | = | \$ _____ |
| | By 08/19/11 | \$525.00 | x | ___ | = | \$ _____ |
| | By 10/14/11 | \$575.00 | x | ___ | = | \$ _____ |
| INTERNATIONAL DISCOUNT | SUBTRACT \$75 FROM ABOVE OPTIONS RESPECTIVELY | | x | ___ | = | \$ _____ |

III. Conference Lodging (includes meals) at ASILOMAR – group rates available

Lodging includes dinner, then breakfast and lunch the next day, for each night's stay. All lodging is booked directly with Asilomar via fax or mail. Please use attached Asilomar Lodging Form, and please Read lodging registration and cancellation policies provided by Asilomar, carefully.

_____ I CONFIRM, I WILL BE STAYING AT ASILOMAR, and WILL NOT need the commuter plan.

• **Commuter Plan: \$200.00 – Oct 20, 21, 22, 23** x ___ = \$ _____
Commuter plan is for those attendees not staying at Asilomar. Includes lunch, breaks, dinner, and facility fees daily.

NAME: _____

Total Fees - Subtotals:

I. Total Conference Fees: \$ _____

II. Total Membership Fees: \$ _____

III. Total Commuter Fees: \$ _____

Total Amount Due: \$ _____

Payment Options

_____ Payment by check, make payable to EANT

_____ Payment by credit card. _____ VISA _____ MasterCard

Name on card _____

Card number _____

Exp. date _____ Last three digits on back of card _____

Billing address _____

City _____ State _____ Zip _____ Country _____

For registration assistance, contact Gretchen Marks at 978 887 9590 or email us at annualconference@enneagramassociation.org

MAIL REGISTRATION FORM AND PAYMENT TO: [EANT | PO Box 68 | Topsfield, MA 01983 | USA](#)

OR FAX (9AM – 5PM Eastern time) CONFERENCE REGISTRATION FORM AND PAYMENT INFORMATION (CREDIT CARD

PAYMENTS ONLY) TO: 978 887 8886. CONFERENCE CANCELLATION POLICY: Tuition Refunds in full minus a \$50.00

processing fee are available if written notification is received on or before October 14, 2010. Tuition cancellations after October 14, 2010 are non-refundable, but tuition monies paid may be applied to the 2012 EANT conference minus the \$50.00 processing fee if requested in writing upon cancellation. Registration Received Date (office use only):

REGISTRATION FORM FOR LODGING AT ASILOMAR MUST BE SENT DIRECTLY TO ASILOMAR. Please review your contract of terms with Asilomar carefully and thoroughly.

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** There are many places to stay in Pacific Grove and Monterey if you cannot stay, or choose not to stay at Asilomar. Visit <http://www.seemonterey.com>.*

EANT

Enneagram Association in the Narrative Tradition
LODGING & MEALS RESERVATION
October 20 – 23, 2011
#5157IQ



Asilomar Use Only

One Form per Person/Family

P O Box 537, 800 Asilomar Ave., Pacific Grove, CA 93950 Phone: (831) 642-4222 Fax: (831) 642-4262 www.VisitAsilomar.com

WAYS TO RESERVE A ROOM

Fax completed form to:
831-642-4262 or 831-642-4261

Email completed form to:
AsilomarSales@aramark.com

Mail the completed form to:
Asilomar Conference Grounds
P.O. Box 537
800 Asilomar Avenue
Pacific Grove, CA 93950

Telephone:
Reservations will not be accepted over the phone, however if you have any questions you can call the Group Sales Office at 831-642-4222

PERSONAL DETAILS

 Please print clearly; Payment must accompany this registration form.

Last Name _____ First Name _____ Mr. Ms.

Street Address _____ Apt/Suite/Unit _____

City _____ State _____ Zip _____ Country _____

Phone _____ E-mail address _____

Confirmations will be mailed if no e-mail address provided above.

HOUSING DETAILS On-site housing at Asilomar Conference Grounds is offered on a first-come, first-served basis. All costs are per person and inclusive of all standard meals, facility fee, applicable taxes (subject to change) and one time processing fee of \$20. Meals begin with dinner on the arrival day and ends with lunch on the departure day.

Check-In at 4PM and Check-Out at 11AM.

Please number choices in order of preference.

If your choice is not available you will be assigned based on availability and the appropriate charge will apply.

| | |
|--|--|
| 3-Nights Stay (Arrive: Thursday, October 20th Depart: Sunday, October 23rd) | |
| <input type="checkbox"/> | Private Room - \$624.35 per Adult |
| <input type="checkbox"/> | Shared Room (2 People) - \$389.54 per Adult |
| <input type="checkbox"/> | Shared Room (3-4 People) - \$299.03 per Adult <i>(Limited)</i> |

Please assign me a roommate (roommates will be assigned by your same gender):

I am: Male Female **OR** I would like my roommate(s) to be: _____

NOTE: Requested Roommate's reservation form must be received by August 19, 2011 or another roommate will be assigned.

Please check here if you are financially responsible for the person named above that you are sharing a room with.

SPECIAL REQUESTS

Vegetarian Gluten-Free Disability Access _____

PAYMENT INFORMATION

The total amount of *(USD) \$ _____ is due and **will be charged upon receipt.**

**The total amount due above will be charged upon receipt of your form. The amount written by you above may change if your requested dates, room type and/or occupancy type are unavailable at the time of your booking. Please note because of these changes the final amount charged to your Credit Card may differ from your total.*

Visa MasterCard Discover Card American Express

Credit Card Number (please print clearly)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Expiration Date:

Cardholder Name: _____ Cardholder Signature: _____

Check Payment: Payable To: ARAMARK Sports & Entertainment LLC

CANCELLATION POLICY: A full refund, less a service charge of \$50 per person is given for cancellations received in writing (letter, fax or email) by August 20, 2011. Regrettably, no refunds can be made for cancellations received on or after August 21, 2011 but we will accept a substitute participant at no additional charge. (First transfer is free – 2nd one and thereafter will have a \$100 fee per transfer.) For additional information, maps and directions please visit our website at www.VisitAsilomar.com