

Five Days with Michael . . . TOGETHERNESS

20 - 24 March 2024

- REGISTRATION FORM -

I/we would like to attend: Five Days with	Michael TOGETHERNESS
Number of Participants:	
1. First Name:	Last Name:
2. First Name:	Last name:
Address:	***************************************
Phone Number:	E-mail:
Dietary Choice: ☐ Meat/Fish ☐ Vegetar	rian 🗌 Vegetarian/Fish 🛗 Gluten/Dairy Free
Your Investment: Five Days with Michael: S	\$875 pp
Deposit : A <u>minimum deposit of \$350</u> is requested Payments in full can also be made.	uired on registration, with your balance due on or before 1 Feb 2024.
The amount you are currently paying: \$ _	
Method of Payment: ☐ Credit Card ☐ F	PayPal
Payment Methods: • Credit Card:	
 Type of Card: MasterCard o 	r Visa (Circle your choice)
o Expiration Date:	3-Digit CVC:
o Name on Card:	
	Commonwealth Bank 25-31 Lowe Street
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For your direct deposit 'Reference' or PayPal 'Message' please use your first and last name. Also, please email office@michaelroads.com with the date your payment was made to be sure it is recorded properly. (Please note that using '2024 Five Days with Michael' gives us no indication of who transferred the funds. Make sure to use your name.)

On receipt of your registration and deposit a confirmation letter, including additional details to help you plan your trip and your balance due, if any, will be sent by email.

Cancellation Policy: Full refund before 1 January 2024. Half refund before 1 February 2024. No refund after 1 February 2024. Please make sure you receive an email confirming your cancellation.