
Breakthrough Registration Form

December 6-8, 2010 * Rancho Bernardo Inn * San Diego, California

Please copy for multiple registrations

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I am attending as part of a group (please list names):

Your Investment

- Reserve ONE seat at the VIP Rate: 01 payment of \$1,195 02 payments of \$598
- Reserve ONE seat at the Group Rate: 01 payment of \$995 02 payments of \$498
- Reserve ONE seat at the Friends & Family rate: 01 payment of \$895 02 payments of \$448

I was referred by: _____

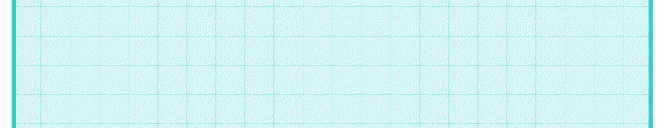
- Reserve ONE seat at the Breakthrough Grad rate: 01 payment of \$695 02 payments of \$348

- I am mailing a check**, payable to Shakti Communications, Inc. (Payment must be received by May 28, 2010. Mail to Shakti Communications, Inc. 1187 Coast Village Rd., #235, Montecito, CA 93108)
- Please charge my credit card:** Visa Master Card

Number: _____

Expiration Date: _____ Name on card: _____

Bill address (if different than above): _____

<p>3 EASY WAYS TO ENROLL:</p> <ol style="list-style-type: none">FAX this form to 1-805-880-5889Call 1-310-996-5586.Email your request to breakthroughseminar@yahoo.com.	<p>How did you hear about this event?</p> 
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