

2019 Gurudev Paramahansa Hariharananda Mahasamadhi Seminar December 1 – 3, 2019

At Hariharananda Gurukulam, Balighai, Puri, Odisha, India

Registration Form

Please fill out the form below and send to Kriya Yoga Institute along with your payment.

Name: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____/_____/_____ Cell Phone: _____/_____/_____

Work Telephone: _____/_____/_____ Email Address: _____

Date initiated into First Kriya in Paramahansa Hariharananda's lineage: _____ (mm/dd/year)

Initiated by: _____

Date initiated into Second Kriya in Paramahansa Hariharananda's lineage (specify parts received):

_____ (mm/dd/year) Initiated by: _____

_____ (mm/dd/year) Initiated by: _____

I would like to register for ____ days (s) during the Mahasamadhi Seminar. The dates are specified below. Enclosed is a check/money order for \$_____ (number of days ____ x \$20.00 per day), which includes simple accommodation, meals, and attending the program, **made payable to Kriya Yoga Institute**. If paying by PayPal, from USA add 3% service charge and from any other countries add 4% service charge.

My dates of attendance will be: _____ to _____ 20__.

I will arrive on _____ (mm/dd/year) at _____ am/pm

and depart on _____ (mm/dd/year) at _____ am/pm.

Include all flight details here: _____

Please mail this form to: Kriya Yoga Institute, PO Box 924615, Homestead FL, 33092

(In the event of cancellation there will be a \$40.00 non-refundable deposit.)

By signing below I agree that I will abide by the code of conduct of Kriya Yoga Institute and Prajnana Mission and will not hold Kriya Yoga Institute and Prajnana Mission and its agents, staff, employees, and instructors liable for any injuries, illness, damages, and losses, that may occur during my attendance, or use of the Prajnana Mission facilities. Registrant acknowledges that he/she has carefully read these paragraphs and fully understands that this is a waiver and release of liability.

Registrant's Signature: _____ Date: _____

Print Name: _____ (Only one registrant per form)