



Diplom-Psychologin  
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## **Registration „Re-Creation“ Retreat with Ya'akov Darling Kahn February 15<sup>th</sup> - 19<sup>th</sup> 2017**

Name \_\_\_\_\_

First Name \_\_\_\_\_

Adress \_\_\_\_\_

Telephone number \_\_\_\_\_

e-mail \_\_\_\_\_

Please cross the applicable:

### Organisational:

- This is my first Movement Medicine Workshop
- I need a receipt (to be handed out at the retreat)

### Financial:

- I pay the Super-Early-Bird (570,- Euro if booked and paid until 5<sup>th</sup> of October 2016)**
- I pay the Early-Bird (590,- Euro if booked and paid until 5<sup>th</sup> of December 2016)**
- I pay the Retreat (650,- Euro)**
- I would like to book a single room (can not be guaranteed, costs 60 Euros extra)**  
**Private bathroom (can not be guaranteed, costs 20 Euro extra)**
- I would like to share a room with \_\_\_\_\_**

I confirm the following:

- I transfer the money to the account given below or paypal (may include extra costs for you).
- I take full responsibility for my participation. In case of doubt about your physical or psychological health, please ask the doctor in charge.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signiture