



### Event Registration Form

Event Name	Participant Name	Meal Preference *	Cost

\*If applicable to the event. We will try to accommodate meal preference.

Subtotal:

Donation to Niroga:  
(optional)

**TOTAL:**


#### Payment Information

Payment Method: Visa / Mastercard / Check (Payable to: Niroga Institute)

Card Number:

Expiration Date:

Cord Holder's Name:

Verification # (3 digits):

#### Billing Address (We do not sell, rent, or share information with any third parties.)

Name:

Address:

City:

State:

Zip:

Phone:

Email:

**Mail OR Fax the form to Niroga** (If you fax the form, please pay by credit card)

**Mail to:**  
Niroga Institute  
111 Fairmount Ave  
Oakland, CA 94611

OR

**Fax to:**  
(510) 451-3004

\*\*\*If the event date is less than 1 week away, please fax the form rather than mailing it to ensure we receive it in time\*\*\*