



Inaugural Retreat Attendee Registration

Please copy this form for additional attendees; you may pay for multiple registrations with one credit card payment or check

Thursday-Friday, October 3-4, 2019

Your Journey to Well-being: A TRUST Inaugural Retreat Event

Oak Ridge Hotel and Conference Center, 1 Oakridge Dr., Chaska, MN

Visit <https://www.whltrust.org/event/2019-retreat> for full agenda, session descriptions and other details.

Program Description

The Women's Health Leadership TRUST invites you to join us for an inaugural two-day event focused on the many facets of well-being. The TRUST Retreat begins at 1:30 p.m. on Thursday, Oct. 3 and concludes at Noon on Friday, Oct. 4. In less than 24 hours, you'll come away feeling recharged and renewed. You'll have opportunities to deepen your relationships with other TRUST members and take away resources you can use in your work and your personal life. Our keynote presentation will give you tools to measure the KPIs that matter to your organization's bottom line.

Member Non-member

To become a TRUST member, visit www.whlTRUST.org/membership

Name _____ Address _____

Title _____ City/State/Zip _____

Organization _____

E-mail _____ Phone _____

Dietary Restrictions _____

Please indicate the breakout sessions you wish to attend:

Experience 1, Oct. 3, 2:40-3:20 pm: Minneapolis Heart Institute Foundation Mindfulness & Resiliency Beginner Mat Pilates

Experience 2, Oct. 3, 3:35-4:15 pm: The Gut/Brain Connection How to Beat Stress & Avoid Burnout Moving into Mindfulness & Meditation

Experience 3, Oct. 4, 9:50-10:30 am: Creating Your Confidence Plan Solo Reflection Experience T'ai Chi

Optional Experience, Oct. 4, 8-9 am: Hypno-Kinesthetics Mindful Movement: Qi Gong Wellbeats Yoga Experience

PAYMENT (The cost is \$290 per person for members and nonmembers, which includes all food, lodging and activities)

Check (made payable to WHLT) VISA MasterCard Discover American Express

If paying by credit card, all of the following fields are required

Card Number _____

Exp. Date _____ Security Code _____

Cardholder Name (Print) _____

Billing Address _____

City/State/Zip _____

Cardholder Signature _____

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		comm.

MAIL THIS FORM WITH PAYMENT OR FAX TO:

Women's Health Leadership TRUST | 1000 Westgate Drive, Suite 252 | St. Paul, MN 55114

Phone: 651-366-6085 | Fax: 651-290-2266

CANCELLATION POLICY: Individual program registrations may be cancelled, but attendees must provide notice no later than 11:59 p.m. on Thursday, Sept. 26, to be eligible for a refund minus a \$50 administrative fee. All registrations may be transferred to another employee of your organization without incurring a fee. Please have substitutes indicate whom they are replacing by contacting the TRUST office in advance of the event or when they arrive at the event.

CREDIT CARD INFORMATION: Due to PCI compliance rules, the TRUST may only accept the PDF registration form via fax or mail. To keep your data safe, please do not email the pdf form. Emails with this completed form attached will not be accepted.

PHOTOGRAPHY CONSENT: As part of this TRUST event, you may be photographed or you may be recorded on audio and/or video. These items may be used in promoting future events or in other marketing related to the TRUST. We are reminding you that attendance at this event implies your consent to be photographed or recorded.