



# (W)hole Shop Registration Form

Print this form and mail with your deposit of \$100.00 to:

The (W)hole Point Institute, LLC  
129 Harriman Hill Road  
Raymond, NH 03077

**Space is limited for each (W)hole Shop. Please register early to guarantee your space.  
Registration is on a first come basis.**

- |                             |                          |            |                              |                          |            |
|-----------------------------|--------------------------|------------|------------------------------|--------------------------|------------|
| (W)hole Shop I, \$275.00    | <input type="checkbox"/> | Date _____ | Basic PAIRing, \$275.00pp    | <input type="checkbox"/> | Date _____ |
| (W)hole Shop II, \$325.00   | <input type="checkbox"/> | Date _____ | INTERior PAIRing, \$300.00pp | <input type="checkbox"/> | Date _____ |
| (W)hole Shop III, \$350.00  | <input type="checkbox"/> | Date _____ | Gift of PAIRing, \$300.00pp  | <input type="checkbox"/> | Date _____ |
| (W)hole Shop IV, \$400.00   | <input type="checkbox"/> | Date _____ |                              |                          |            |
| (W)hole Shop V, \$425.00    | <input type="checkbox"/> | Date _____ |                              |                          |            |
| (W)hole Shop VI, \$475.00   | <input type="checkbox"/> | Date _____ |                              |                          |            |
| (W)hole Shop VII, \$500.00  | <input type="checkbox"/> | Date _____ |                              |                          |            |
| (W)hole Shop VIII, \$550.00 | <input type="checkbox"/> | Date _____ |                              |                          |            |

*Students of The Wisdom Grace Mystery "school,"  
include your apprentice # for a discounted cost.*

**WGM#** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**To pay by credit card:**

Visa \_\_\_\_ MasterCard \_\_\_\_ Discover Card \_\_\_\_

Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Zip code \_\_\_\_\_

**To pay by check:** Please make check payable to E.C. Chadwick

In the event of inadequate registration and to ensure all participants will have the full group experience, The (W)hole Point Institute reserves the right to cancel/reschedule the (W)hole Shop. Confirmations will be sent out approximately two weeks before the (W)hole Shop.

Please review the Cancellation Policy before registering.