SIDDHA YOGA® AUDIO SATSANG IN CELEBRATION OF

BABA MUKTANANDA'S BIRTHDAY

SIDDHA YOGA MEDITATION CENTER IN ATLANTA SATURDAY, MAY 10^{TH} , 2025 10:00 AM - 12:30 PM

Follow the Right Path Registration Form

PERSONAL INFORMATION	ON		
Name:			
Street Address:			
			Country
Phone:	E-mail:		
Emergency Contact (na	me and phone):		
Seating preference: □ F	oor 🗆 Chair		
What year did you begin	n practicing Siddha Yo	oga? _	
How did you find out a	bout this event? □We	b □E-	-mail □Friend □Other
Adults: \$100 Young Adults (ages Total	s 24 and under): \$35	\$ \$ \$	<u> </u>
Names of additiona	al participants included	d in p	ayment:
PAYMENT OPTION (CH	ECK ONE)		
□ Cash			arn to t
☐ Money order or perso	1 ,	ble to	SYMCA
☐ Credit Card in person			
Please submit your payr	nent with this form.		
CANCELLATION POLICY payment. During or after	1		ne event, the refund is 90% of your ot be refunded.
At the registration de Phone: 404-654-3340	esk I and leave voice mail ; E-n	nail: ce	entermail@siddhayogaatlanta.org

If you have questions, contact the registration coordinator sevite, Raj Khatri @ rajkhatri @ yahoo.com / Cell 770-891-2021