



# Wait List

## Registration Form

### 12th Annual Couples Retreat

**Bringing Courageous Love to Your Intimate Relationship**

**University of Saint Mary of the Lake, Mundelein , IL**

**October 13 - 16, 2022**

To be placed on the wait list, please email a completed wait list registration form to Karin White: [karinwhite@comcast.net](mailto:karinwhite@comcast.net)

If space becomes available you will be contacted.

**Tuition is \$3,750. per couple** (including 3 nights lodging and 8 meals).

**Cancellation/Refund Policy:** If the retreat is cancelled for health concerns by either IFS Institute, University of Saint Mary of the Lake, the Town of Mundelein, the State of Illinois, or the Federal Government, the Couples Retreat will be held virtually.

If you have paid and the live retreat is canceled reimbursement for room and board will be provided.

If a participant cancels *for any reason*, prior to September 1, 2022 and the space is filled all payments to date will be refunded with the exception of a \$400 admin fee. If the space is not filled, all payments are non-refundable and non-transferable. Cancellation after September 12, 2022 all payments are non-refundable and non-transferable.

University of Saint Mary of the Lake is only opened to program participants. Family members, friends and pets cannot be accommodated during the retreat. Saint Mary of the Lake has a 930 acre campus in tranquil natural surroundings

[usml.edu](http://usml.edu)

All participants need to be fully vaccinated for Covid and present proof of Vaccination prior to October 1, 2022. Boosters are pre-ferred but not required. A PCR or Rapid negative test is required 3 days prior to the retreat and a second Rapid Test on the day the retreat begins prior to arriving at the venue. The space is intimate so therefore cannot accommodate social distancing. Masks may be required depending on the status of the epidemic.

By signing the registration form you acknowledge you have read and agree to the above terms and conditions.

## CONTACT INFORMATION:

Name: \_\_\_\_\_ Partner: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_