

# Weight Loss Retreat at Spa Eastman September 20<sup>th</sup> – 27<sup>th</sup> 2014

#### **About the retreat**

Nestled in the Adirondack Mountains, this rustic spa features beautiful facilities in a cozy French atmosphere. Enjoy 2 hours of classes and education. Under the daily supervision of a naturopath/nurse you will be given evaluations and consultations as well as a personalized diet, which, will be served to you in the dining room. Two eye-opening and inspiring lectures on weight loss will be given and are sure to be a highlight of the week; one by Miranda Esmonde-White and another by a renounced physicist, Ilona Dowgillo.

#### **Price**

- Single occupancy \$2725
- Double Occupancy- \$2425 per person

## **Superior Room with Fire Place**

- Single occupancy \$3595
- Double Occupancy- \$3055 per person

5% gst and 9.975% qst taxes are included

**Not included in package:** Transportation to and from the Spa and Spa treatments (massage, facial, etc...)

Receive 10% discount if you spend \$500+ on Spa treatments

## **Package includes:**

- 3 personalized meals of fine spa cuisine and healthy snacks each day
- 2 hours of Classical Stretch classes per day
- 2 private consultations with the Naturopath/Nurse at the beginning and halfway through your stay
- Urine analysis to determine stress level, toxicity and acidity in the body
- Personalized diet advice
- Daily group meetings with the nurse/naturopath
- Conference given by Physicist Ilona Dowgillo regarding the science of weight
- Weight loss workshop given by Miranda Esmonde-White
- o Access to daily guided walks with a kinesiologist
- Access the gym, the pools, the hammam (steam bath) and our outdoor natural swimming pond dedicated to thermotherapy

### **Spa Eastman**

895, chemin des Diligences Eastman (Quebec), Canada JOE 1P0

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Please Mail Fax or Email your booking form and payment to:
The Esmonde Technique 3437 Stanley, suite 100, Montreal Qc, Canada H3A 1S2
or fax: 1-866-576-3128 or at <a href="mailto:retreats@classicalstretch.com">retreats@classicalstretch.com</a>

### **Personal Information**

Prov. / state:	Country:	Postal / zip code:		
Evening:	Email:			
65+				
ratory problems, blo ed or not etc).	od pressure, arthriti	s, back or neck problems,		
Other Participant Name:				
65+				
	Evening:  65+  ratory problems, bloed or not etc).	Evening: Email:  65+  ratory problems, blood pressure, arthritied or not etc).		

Please mention any relevant medical history (eg. heart or respiratory problems, blood pressure, arthritis, back or neck problems, pregnancy, any serious injuries in the past - whether fully healed or not etc).

Payment				
Payment method: Visa MasterCard	Check — Please s	send initial deposit ar	nd postdated check	
Credit card #:				
Name on credit card:		Expiration:	CSC #: 3 Digit Card Security Code	
Billing address if different:				
City: Prov. / sta	Prov. / state:		Postal / zip code:	
Signature:				
I hereby authorize The Esmonde Technique to charge the above credit card in the amount of:				
Single Occupancy	Double Occupancy			
\$2725 regular room	2425 per person regular room			
\$3595 Superior room with fire place	\$3055 pp Superior room with fire place			
A deposit of half the amount owed will be charged upon reception of this registration form and the remaining balance will be charged on August 1 <sup>st</sup> 2014.				
Disclaimer and other policies				
I understand that I participate in all classes entirely at my own risk and any loss, damage; injury or any other mishap will not be the responsibility of the class organizer or teacher. (If you are in doubt as to the suitability of the class to your medical condition, please consult your doctor).				
Cancellation Policy				
You can cancel up to 2 weeks prior to the event and get a refund minus a - 150\$ administrative fee per person.				
You are responsible for booking your own flights and transportation to and from the Spa. We therefore recommend that you request cancellation insurance when booking your flights.				
In the very unlikely event that a retreat is cancelled (ex. due to illness), we will give a full refund of payment.				
Signature:	Date:			