



# Three Day Reset Your Gut



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Full name

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Address

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E-mail

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Telephone

with country code

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## Retreat details

How did you  
hear about this  
retreat?

Social Media

E-mail

Word of mouth

Other:

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## Health and fitness

Level of  
Yoga/Fitness

Beginner

Intermediate

Regular practitioner

What are your  
expectations for  
this retreat?

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Do you have any  
health conditions  
that we should  
be aware of?

Yes

No

If yes, please  
specify:

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Do you have any  
food restrictions  
(allergies/  
intolerances)?

Yes

No

If yes, please  
specify:

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## Contact person in case of emergency

Full name

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E-mail

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Telephone

with country code

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## Rates

### Regular Rates:

Full Experience

€650

Hybrid Model with Friday Online

€550€

### Early Bird Rates:

Full Experience

€600

Hybrid Model with Friday Online

€550€

\*Early bird pricing available until December 20th 2023.

## General Conditions

In choosing to register for this retreat, I assume responsibility for my physical health and affirm that my physical condition allows me to participate in the proposed activities. I will advise the organizers of the retreat should my health status change.

Change in program or cancellation of the event by the organizer:

The retreat will be cancelled if the minimum number of participants is not reached (in this case, 6 participants). The retreat costs will be entirely reimbursed in the case of cancellation. We reserve the right to change the schedule of events in the program should unforeseen events arise that constrain us to do so. If any changes need to be made, we will let you know as soon as possible.



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## General Conditions

### Early departure from retreat:

If you decide to leave the retreat early for any reason there will not be the possibility of reimbursement, even partial. However, if the conditions are appropriate we could agree to a credit to be used during a future retreat.

## Payment Details

To reserve your place, please return this registration form along with the deposit of 100 % of retreat cost sent by bank transfer. This deposit is non-refundable. Space is limited and completed registration forms will be confirmed in the order they are received.

The balance must be paid at the latest by January 31, 2023

### Bank Details:

INTERNATIONAL HEALTH CENTER ROME SRL: IT06J0200805031000105162747

Paese: IT

CIN/EU: 06

CIN/IT: J

ABI: 02008

CAB: 05031

Numero C/C: 00000105162747

BIC/SWIFT: UNCRITM1015

Or

PayPal: tere.fracasso@gmail.com

Upon signing this form, I affirm that I have read and understand the general conditions listed above and that all the information provided is accurate.

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Place

/ /

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Date

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Signature

We look forward to seeing you at Plexus!

Teresa & Morgan

liftedlivinginfo@gmail.com