

**Nexus Journey Retreat
Led by Dr. Robert Shield
October 29-31, 2010
Registration**

Name _____
Address _____ Zip _____
Home Phone () _____
Daytime Phone () _____
Email _____
Gender (circle one) Male Female

Room Choice: () Triple \$175/person
All () Double \$195/person
Inclusive () Single \$235/person
Day Rate: (no room accommodations) \$95
Roommate _____
Preference(s) _____

**Please attach any special dietary needs
and emergency contact information to this
form.**

Make Checks Payable to:
Nexus Journey. Mail to: 600 N. Elam Ave,
Greensboro, NC 27408. You may also register
by calling 336-288-8544 or online at
www.4thdayjourney.org. Credit cards may be
used on line through PayPal.

All balances due on any retreat are due 30 days prior to the first day of the retreat. If you cancel more than 30 days before a retreat, your payment will be refunded (less a \$25 processing fee). If you cancel less than 30 days prior to the start of the retreat, you are responsible for the entire cost of the retreat unless your space can be filled by another retreatant (in which case your money will be refunded less a \$25 processing fee).

Nexus Journey
600 N. Elam Ave.
Greensboro, NC 27408

CENTERING PRAYER RETREAT

**OCTOBER 29-31, 2010
FRIDAY NIGHT-SUNDAY LUNCH**

**ST FRANCIS SPRINGS
PRAYER CENTER
STONEVILLE, NC**



**Led by DR. ROBERT SHIELD
Senior Pastor, Trinity United
Methodist Church, Beaumont, TX**

**SPONSORED BY:
NEXUS JOURNEY**