

Expedition Registration form:

Shaman's Dialogue on Land Healing and Questing at Apu Ausangate with Jose Luis Herrera. Sponsored by Ana Larramendi (The Hollow Bone) and Carol Parker

Ausangate, Wakay Wilka and Sacred Valley(for mesa carriers) www.thehollowbone.com/expeditions.html

July 4-16, 2010

COST: \$3195 US DOLLARS

SINGLE SUPPLEMENT: \$450 US DOLLARS

Early Registration Prices:

*There is a \$150 discount off of the trip price for deposits paid by March 1, 2010.**

There is a \$75 discount off of the trip price for deposits paid by May 1, 2010.

Please send a \$1000 non-refundable deposit to secure your space. Since this is a specialized journey, the spaces are limited. Please send your deposit ASAP. The remaining balance is due June 1, 2010. Payments may be made with check, money order, VISA or MC. Trip and travel details will be mailed to you once your deposit is paid.

****Please do not book your plane tickets before March 31, 2010 in case any changes are made in the itinerary. In the event the trip is cancelled, your \$1000 deposit will be returned. However, airfare will not be reimbursed.***

Contacts:

Ana Larramendi- Ph. 608-255-4333, email: coyote@thehollowbone.com

Carol Parker- Ph. 505-757-7003, email: clparker@cybermesa.com

Our vision is to provide students of Inka Shamanism a direct dialogue and learning with Peruvian Shamans. This dialogues and expedition program to Ausangate and Wakay Wilka will gather a select group of Shamans from different lineages and traditions. We will have the presence of Q'ero, Vilcabamba, Pakareqtambo, Lake Titikaka, and Cusco shamans. Expert translators will facilitate the learning of their traditions, healing modalities, cosmology, and gifts. Their teachings will be enhanced by excursions to old Inka Temples for ritual and healings. A beautifully built hotel in the stunning Sacred Valley will be our setting. Comfortable rooms, flower filled gardens, spectacular vistas and delicious organic meals will enliven our experiences.

Participant Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **Cell:** _____

E-mail: _____

Emergency Contact Person (ECP): _____ **Relation** _____

ECP Cell _____ **ECP Email:** _____

Mail Registration to with payment to:

The Hollow Bone 1225 E. Dayton St. Madison, WI 53703

Final payment is due at registration on June 1, 2010

Deposit Paid: _____ (March 1, discount _____) (May 1, discount _____)

(Other discount _____) **Balance Due on June 1, 2010:** _____

Make checks payable to: The Hollow Bone. Method of Payment, Check, VISA, MC

For credit card payments: Card Number _____ **Exp.** _____

Signature authorizing charge _____

For credit card processing over the phone call Ana Larramendi 608-255-4333