



12 Elk Mountain Road, Asheville, NC 28804 * (828) 713-4266 * www.bluelotusayurveda.com

5-DAY PANCHAKARMA CONTRACT

Name: _____
Address: _____ City/State/Zip: _____
Phone: _____ PK Dates: _____
Cell Phone: _____ E-mail: _____

(Current cell phone number and email address are required to contact you before your program and in case of an emergency or unforeseen event.)

I understand and agree that:

- 1. The fee for my Panchakarma program is \$2,225 for 5 days of treatment.
2. Said fee includes preliminary consultation/instructions, main Panchakarma therapies, oils and food during the program.
3. Dates scheduled for my program cannot be fully reserved and guaranteed until I give a \$667 non-refundable deposit.
4. Once my Panchakarma is scheduled, I may request to change my chosen dates only ONCE without losing my deposit, provided that I do so at least 1 month before my scheduled dates.
5. My remaining balance of \$1,558 is due on the first day of therapies.
6. Fees for any adjunct therapies recommended or requested during my program are not included in the main price of Panchakarma.
7. If am making lodging arrangements through Blue Lotus Ayurveda, at least the first 2 nights must be reserved with a credit card.
8. If am not making lodging arrangements through Blue Lotus Ayurveda, I am solely responsible for making advance reservations elsewhere during my Panchakarma program.
9. If I choose to stop my treatment at any time during my scheduled program, I will not get a refund for any paid fees.
10. It is my wish to experience Panchakarma therapies and I accept any and all risks associated with Panchakarma therapies, known or unknown, and assume complete liability.

I am enclosing check/money order for my \$667 non-refundable deposit

Please make check/money order payable to: VISHNU DASS

I would like to pay my \$667 non-refundable deposit with a credit card

Please add _____ extra days of Panchakarma to my Program (at \$450/day, up to a 10-day Program, depending on availability. This must be pre-approved.)

Please reserve lodging for _____ nights for my Panchakarma with a credit card

Card Type: Visa MasterCard Discover Amex

Name as it appears on card: _____

Billing Address (if different than above): _____

State/Zip: _____

Credit card number: _____

Expiration Date: _____ V-code: _____ (The three numbers on the back of your card.)

I have read and understood, and I agree to all of the above. I agree that if for any reason I choose to stop my program at any time during the days scheduled for me, I will not get a refund for any fees paid.

Signature

Date