

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

5-DAY PANCHAKARMA CONTRACT	
Name:	
Address: City/S	tate/Zip:
Phone: PK	Dates:
Cell Phone:E-n (Current cell phone number and email address are required to contact you be	nail:
(Current cell phone number and email address are required to contact you be	fore your program and in case of an emergency or unforeseen event.)
I understand and agree that:	
1. The fee for my Panchakarma program is \$2,850 for 5 or	
2. Said fee includes preliminary consultation/instruction program.	as, main Panchakarma therapies, oils and food during the
3. Dates scheduled for my program cannot be fully reser deposit.	ved and guaranteed until I give a \$950.00 non-refundable
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 mont	h before my scheduled dates. If re-scheduled, my
Panchakarma program must be done within 6 months	of the original dates. Otherwise I will lose my
deposit and a new deposit will be required from me.	
5. My remaining balance of \$1,900.00 is due on the first of 6. If I choose to stop my treatment at any time during my fees.	lay of therapies. y scheduled program, I will not get a refund for any paid
7. It is my wish to experience Panchakarma therapies are therapies, known or unknown, and assume complete lia	d I accept any and all risks associated with Panchakarma ability. I am waiving any and all
claims based upon any physical, emotional or mental of	condition, whether past, present or future.
 Please enclosing check/money order for my \$950. Please make check/money order payable to: VISHI 	
• We charge a 3% service fee, if you wish to make	e payments via credit card (all except American Express)
I have read and understood, and I agree to all of the above program at any time during the days scheduled for me, I	
Signature	Date