

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

7-DAY PANCHAKARWA CONTRACT	
Name:	
Address:	City/State/Zip:
	PK Dates:
Cell Phone:	E-mail:d to contact you before your program and in case of an emergency or unforeseen event.)
(Current cell phone number and email address are required	d 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. Said fee includes preliminary consultati program.	on/instructions, main Panchakarma therapies, oils and food during the
deposit.	be fully reserved and guaranteed until I give a \$1,298.33 non-refundable
•	may request to change my chosen dates only ONCE without
	t least 1 month before my scheduled dates. If re-scheduled, my
1 0	hin 6 months of the original dates. Otherwise I will lose my
deposit and a new deposit will be require	
<b>5.</b> My remaining balance of \$2,596.67 is du <b>6.</b> If I choose to stop my treatment at any trees.	te on the first day of therapies. ime during my scheduled program, I will not get a refund for any paid
*	a therapies and I accept any and all risks associated with Panchakarma te complete liability. I am waiving any and all claims based upon any whether past, present or future.
Please make check/money order paya	r for my \$1,298.33 non-refundable deposit. able to: VISHNU DASS wish to make payments via credit card (all except American Express)
Signature	 Date