

World in Light

Holistic Healing in the Soul Light
 A series of new Healing Retreats Offered by Rev. Magdalena Light, RN
www.worldinlight.org

Share the H-Art and Soul of My Healing Space at The Pink House
where my stunning Art Therapy backdrop serves to soothe mind, body and soul

| ✓ Check all you wish to attend: | | | 2008 |
|--|--|-------|---------------|
| <i>Retreats are limited to small groups, please register early to secure space</i> | | | 9 am – 7 pm |
| | Transcendental Love | \$400 | April 5-6 |
| | Terminal Health | \$400 | April 12-13 |
| | Creating The Healing Space | \$400 | April 19-20 |
| | Soul Care Before All Care | \$400 | April 26-27 |
| | Meeting The Magi | \$400 | May 3-4 |
| | Healing Heart, The Art Of Healing | \$400 | May 10-11 |
| | Soul, Bliss, Inspiration, Creation | \$400 | May 17-18 |
| | In Search Of Your Soul Mate | \$400 | May 24-25 |
| | Healing Circle | \$400 | May 31-June 1 |
| | Spin Doctor, The Art Of Meditation | \$500 | June 7-8 |
| | Intensive Coronary Soul Care | \$500 | June 14-15 |
| | Prosperity In The Soul Light | \$500 | June 21-22 |
| | Lighting The Healing Flame Of Love | \$500 | June 28-29 |
| | Causes Of Disease In The Soul Light | \$500 | July 12-13 |
| | The Deconstruction Of Evil In The Soul Light | \$500 | July 19-20 |

Visit www.worldinlight.org for a detailed description of each Healing Retreat

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| PayPal | Send money to magdalight2001@yahoo.com . Please indicate name, date of Retreat(s) desired, and your name, address and phone number. | |
| Phone | Phone (410) 939-1853 , leave a message with your name and phone number; Rev. Light will return your call. | |
| Mail money order, cashier's check or personal check | Send this completed form to: Rev. Magdalena Light, RN 120 S. Union Ave. Havre de Grace, MD, 21078 | This form may be printed from www.worldinlight.org : Select "Register for Healing Retreats" from the home page. |

Please print the following information if sending this form by mail

| | |
|-------------------|--|
| YOUR NAME | |
| YOUR ADDRESS | |
| YOUR PHONE NUMBER | |

Include payment via money order, check, or credit card with registration

| | |
|--------------------|-----|
| CARD HOLDER'S NAME | |
| CH's ADDRESS | |
| CH's PHONE NUMBER | |
| CREDIT CARD NUMBER | EXP |

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| Signature | | 3-digit security # (on back of card) | |
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