



## Registration Form

The Institute for Philosophic Astrology's  
First Annual Light of Astrology Symposium: A Lens to the Soul  
August 19-23, 2007

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First Name

Last Name

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Address

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City

State/Province

Zip/Postal code

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Country

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Phone

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Email

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Birth date (mm/dd/yyyy)

Birth time (hh:mm) am/pm\*

Birth Place (city, state, country)

\* If birth time is unknown, please describe what is known, for example "near noon." The more precise the birth information, the greater the depth of astrological insight. Birth time information is available from hospitals or government agencies. If you do not know details now, fill in what you can. You may email or call us with more information later ([admin@philosophicastrology.org](mailto:admin@philosophicastrology.org) or phone 607-546-2408)

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To what extent have you been exposed to astrology? (Those with and without experience are welcome.)

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How did you hear about this symposium?

### PAYMENT INFORMATION

Check made payable to Wisdom's Goldenrod enclosed. Write "Symposium" on memo line.

Visa  MasterCard

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Account Number

Exp. Date

Security Code  
(last 3 digits on back of card)

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Signature

**Please send to:**  
Light of Astrology Symposium  
P.O. Box 34  
Hector, NY 14841

For more information or to register online, visit [www.philosophicastrology.org](http://www.philosophicastrology.org)

