



**SUPREME ESTEEM, INC.**  
**17th ANNUAL**  
**FORGIVENESS RETREAT**  
**“Embracing Ho’oponopono:**  
**Hawaiian Practice of Forgiveness”**  
**July 31 – August 11, 2019**

You are invited to join Forgiveness Coach

Jacqueline Hazel, President of Supreme Esteem, Inc. for an amazing venture of the Hawaiian Islands (**Honolulu, Maui, Hilo, Kona, Kauai, & cruise the Napali Coast**)! We’ll leave Fort Lauderdale, FL on Wed., July 31, 2019 and return to Fort Lauderdale, FL, on Thurs., August 11, 2019 (Cruise dates are August 3 – August 10, 2019). During our stay at the **fabulous 4 Star Hilton Hawaiian Village Resort** and while at sea, aboard the **recently refurbished Norwegian Cruises “Pride of America,”** expect to be spiritually renewed, revitalized and refreshed, as we learn what, when and how to forgive.

The incredible cost is \$5,450! A non-refundable deposit of \$700 must be received to register for retreat. Price includes roundtrip airfare from Fort Lauderdale, **Balcony Stateroom/double room occupancy, 3 hotel nights in Honolulu**, daily resort charge, Hawaiian Village Cultural Activities, select island sightseeing, ground transportation (to/from hotel-ship-airport), retreat sessions, materials, souvenirs, and one optional individual counseling session. You are responsible for airline baggage fees, all gratuities, travel insurance and other essentials not noted on this flier. **NOTE:** Price is subject to increase, until full payment is made. No refunds after February 28, 2019. You are encouraged to purchase travel insurance. **Payment Plan:** January 31, 2019-\$1,600; February 28, 2018-\$1,600; and final payment March 21, 2019-\$1,550. **Full or alternative payment plan is acceptable, in lieu of stated payment plan.**

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**PLEASE PRINT ALL INFORMATION.** (Referred by \_\_\_\_\_)

Last Name \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

**(NAME AS SHOWN ON IDENTIFICATION)**

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Roommate \_\_\_\_\_

Special Needs/Diet/Wheelchair/etc. \_\_\_\_\_

Smoking \_\_\_ Non-Smoking \_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ TODAY’S DATE \_\_\_\_\_

Make money orders or cashier’s checks payable to: Supreme Esteem, Inc. For credit card payment check (✓) here \_\_\_\_\_, then use PayPal. **Avoid PayPal fee:** (1) send money to [j\\_hazel@bellsouth.net](mailto:j_hazel@bellsouth.net) ( 2) Enter payment amount (3) Change payment method to “sending to a friend.”

For additional information contact SUPREME ESTEEM, INC.HEADQUARTERS at:  
954-392-3762 (o), 954-392-3760 (f), 305-801-8100 (c) or write Supreme Esteem, Inc., P.O. Box  
823451, South Florida, FL 33082.