International Meditation Centre

IN THE TRADITION OF SAYAGYI U BA KHIN AND MOTHER SAYAMAGYI

COURSE APPLICATION FORM (Please complete in BLOCK CAPITALS)

	I wish to attend the Meditation Course to be	e held from	to
Surname:		First Name:	
Date of Birth:		Occupation:	
Male ☐ Fe	male 🗌	Nationality:	
Do you unde	erstand English well? Yes 🗌 No 🗌 If No, wha	t language?	
Address:		Telephone:	
	1	Mobile:	
]	Email:	
Please give	details of someone to contact in case of en	nergency:	
Name:	Γ	Telephone:	
Address:			
If yes, plo	attended courses in the tradition of Sayagyi U Ba ease say when and where was your most recent practising any other techniques of meditation?		Yes No Yes No Yes No No
If yes, for	r how long have you been practising them?		
•	in good physical and mental health? ase give details.		Yes No
-	or will you be, on any medical treatment at the ease give details of medication.	time of the meditation course?	Yes No
-	uffer from any medically confirmed food allergease give details. <i>Please note that only medical</i>		Yes No ecorded.
	you come to know about this Centre and the m friend, poster, etc. from which you learned of the	· ·	
promote the safety (www.internation	ation you provide to us in order to adjust teaching, meals, transport of and wellbeing of students and staff. You can find additional informal almeditationcentre.org/db/privacy/IMCUK_Privacy_Policy.pdf). By can withdraw my consent at any time by writing to the address given	ation about our handling of personal informations submitting this application, I consent to IMC's	on in our privacy policy
	We send out a newsletter about future other events, to those on our mailing li	· ·	•
Mu	If you would like to receive our newsle	, ,	this box:
1	If you would like to receive our newsle	tter by post, please tick this box:	\sqcup