

# International Meditation Centre

IN THE TRADITION OF SAYAGYI U BA KHIN

## COURSE FORM *(Please complete in BLOCK CAPITALS)*

I wish to attend the Meditation Course to be held from  to

Surname:  First Name:

Date of Birth:  Occupation:

Male  Female  Nationality:

Do you understand English well? Yes  No  If No, what language?

Address:  Telephone:

Mobile:

Email:

Please give details of someone to contact in case of emergency:

Name:  Telephone:

Address:

1. Have you attended courses in the Sayagyi U Ba Khin tradition before? Yes  No

If yes, please say when and where was your most recent course.

2. Are you practising any other techniques of meditation? Yes  No

If yes, for how long have you been practising them?

3. Are you in good physical and mental health? Yes  No

If no, please give details.

4. Are you, or will you be, on any medical treatment at the time of the meditation course? Yes  No

If yes, please give details of medication.

5. Do you suffer from any serious food allergies? Yes  No

If yes, please give details.

6. How did you come to know about this Centre and the meditation course? Could you please name the magazine, website, friend, poster, etc. from which you learned of the International Meditation Centre.

*All information will be kept strictly confidential. Your name and address will be held on a database only for the despatch of our newsletter.*

*If you do not want to receive a newsletter please tick this box:*

*If you would like to receive the newsletter by post please tick this box:*

*If you would like to receive the newsletter by email please tick this box:*

