

International Meditation Center

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

Last Name: First Name:

Date of Birth: Occupation:

Male Female Nationality:

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

Address:

Telephone:

Cell phone:

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 practicing any other techniques of meditation? Yes No
If yes, for how long have you been practicing 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 Center and the meditation course? Could you please name the magazine, website, friend, poster, etc. from which you learned of the International Meditation Center.

All information will be kept strictly confidential. Your name and address will be held on a database only to send you our newsletter.

Please tick one box to indicate your Newsletter preference: by email by post not wanted

