

REGISTRATION FORM



'The Way of Clarity'

With Patrick Kearney at Gunundi, Ballina NSW

Fri 13th August – Sun 22nd August 2010

To attend this course please return this registration form with your deposit. Should a place be available for you on the course, confirmation will be sent to you with details of how to get there, what to bring, etc. Should the course be full, you will be notified and your name will be placed on a waiting list. You will be contacted as soon as a place is available. Early registration and payment is suggested as places are limited. If you require an additional form for a friend please copy this form.

PERSONAL CONTACT DETAILS

NameM/F
Address
State
Postcode
Home Phone
Work Phone
Email Address

ATTENDANCE DETAILS

Full Time []
(Preference is given to full time participants)
Part Time []
(if attending part-time, please specify)
No of days
Arriving (day, est time)
Departing (day, est time)

IN EMERGENCY PLEASE CONTACT

Name
Relationship
Telephone

SPECIAL DIETARY NEEDS (YES/NO)

.....
.....
.....

FEES

The course fee is \$615 with a minimum deposit of \$100 required to confirm your registration. This must be paid by 8th July. However, if possible please prepay the entire retreat cost. Cheques or money orders to be made payable to the 'Kuan Yin Meditation Centre'.

Cancelling your place on a course one week before it starts incurs a \$50 fee and less than one week before it starts results in loss of deposit. After the course commences there are no refunds except for emergencies. Cancellation fees go toward providing course opportunities for financially disadvantaged students.

TO RESERVE YOUR PLACE PLEASE RETURN THIS FORM WITH YOUR DEPOSIT (NO CASH)
TO KUAN YIN MEDITATION CENTRE, PO BOX 516 LISMORE NSW 2480

The following information requested about your medical, psychological and health history enables the teacher to better understand any difficulties you may have on the course and to more skilfully guide your meditation practice.

All information is strictly confidential.

PREVIOUS COURSES WITH THIS TEACHER

.....
.....

PREVIOUS MEDITATION COURSES (or RELATED PRACTICES)

.....
.....

DO YOU HAVE ANY MEDICAL /FIRST AID TRAINING and are willing to be available in an emergency
YES/NO

Please specify training

.....

MEDICAL CONDITIONS (YES/NO)

Please specify any physical health problems that may be aggravated by, or interfere with sitting or walking, or your ability to do the course.

.....
.....

PSYCHOLOGICAL CONDITIONS (YES/NO)

Are you currently seeing a psychologist or psychiatrist Yes No

If yes, are they aware of your participation in this course Yes No

Psychologist's/Psychiatrist's Name

Psychologist's/Psychiatrist's Phone Number

If you are taking medication for a psychological condition please indicate the condition and the medication.

.....
.....

Are there currently circumstances in your life that may make meditation difficult for you at this time (eg. job loss, relationship loss)?

.....
.....

Please arrange work and personal commitments in order to be able to attend this retreat. Staying on the retreat grounds for the duration is required (except in an emergency).

I agree that attending interviews are a required part of the schedule.

.....

Signature

.....

Date