

International Meditation Centre

IN THE TRADITION OF SAYAGYI U BA KHIN AND MOTHER SAYAMAGYI

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10days@imcnsw.com

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 Phone

Fax

Mobile

Email

Please give details of someone to contact in case of emergency

Name Phone

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? If yes, Yes No
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 medically confirmed food allergies? Yes No

If yes please give details. *Please note that only medically confirmed allergies will be recorded*

5: How did you come to know about this centre and meditation course? Could you please name the magazine, website, friend, post 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. Would you like to receive a newsletter (by email only)

Yes No