

International Meditation Centre

IN THE TRADITION OF SAYAGYI U BA KHIN

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COURSE FORM

Please complete in BLOCK CAPITALS

Meditation course 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

(a) If yes, please say when and where was your most recent course

(b) If no, have you practised any other techniques of meditation

Yes

No

2: Are you in good physical and mental health?

Yes

No

If no please give details

3: 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

4: Do you suffer from any serious food allergies?

Yes

No

If yes please give details

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