## **International Meditation Centre**

IN THE TRADITION OF SAYAGYI U BA KHIN AND MOTHER SAYAMAGYI 54 Cessnock Road, Sunshine NSW Australia, NSW 2264

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COURSE FORM (Please complete in BLOCK CAPITALS)
apply to attend the Meditation Course starting until How many days
Surname First Name
Date of birth Occupation
Male Female Nationality
Do you understand English well? Yes No If no, which language?
Address Mobile
Phone
Email
Please give details of someone to contact in case of emergency
Name Phone/Mob
Address
1: Have you attended a course in the Tradition of Sayagyi U Ba Khin & Mother Sayamgyi before? Yes No
f 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 for no please give details
4: Are you, or will you be, on any medical treatment at the time of the meditation course? Yes No figures, 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 etc where you learned of the International Meditation Centre

All information will be kept strictly confidential. The current UK Newsletter is available on the website