

Practice Information

I am new to the meditation practice.

*** Which Tradition Do You Consider Yourself Affiliated With?**

Theravadha

Zen

Vajryana

Spiritual

Tibetan

Non-Religious

Mahayana

Other

If other, please specify:

I have meditated with Dhammaruwan before.

***List all the meditation retreats you have attended with Dhammaruwan:**

Please include the month and year for all retreats listed. You may also include any significant public talks and daylong retreats you have attended. If relevant, include how you first heard of Dhammaruwan and his teachings (ex. online audio recordings, etc.).

*** Outline your practice history:**

Please include the month and/or year, teacher and location for all retreats listed. You may include daylong retreats and public talks if especially significant to your practice. You need not repeat the retreats you have listed in previous sections/questions.

*** Which meditation teacher/s have you benefited from the most in your practice?**

*** What motivated you to attend this meditation retreat?**

Health Information

*** Do you have a history of (any) psychological difficulties?**

Yes No

*** Have you ever had or been treated for a psychological condition such as depression, eating disorder, drug/alcohol addiction, anxiety disorder, psychosis, schizophrenia, mania or any other psychological condition?**

Yes No

Please describe, specifying condition(s) and date(s).

*** Are you currently seeing a therapist or psychiatrist?**

Yes

No

If so, please explain the nature of your work with him or her.

*** Are you currently taking medication for any psychical or psychological conditions?**

Yes

No

If yes, please specify the condition and list the medications and dosage.

*** Do you have any psychical limitations that might impact your ability to participate in the program?**

Yes

No

If yes, please specify.

*** Do you have any food allergies or preferences?**

Yes

No

If yes, please specify.

What regions are you interested in for future retreats?

We will email updates and news for the developments in selected regions.

- | | |
|---|---|
| <input type="checkbox"/> Australia | <input type="checkbox"/> Elsewhere in Asia |
| <input type="checkbox"/> Canada | <input type="checkbox"/> United States of America |
| <input type="checkbox"/> Europe | <input type="checkbox"/> South America |
| <input type="checkbox"/> Indonesia and Thailand | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> Sri Lanka and India | <input type="checkbox"/> Worldwide |

C o n f i r m a t i o n

I certify that I am the person who will attend this meditation retreat and whose name and address appear on this form.

Signature: _____ Date: _____

Thank you for registering to attend a Nirodha Meditation Retreat.

Note:

- Please ensure that a registration form sent with the payment is sent via registered post for security purposes. Also ensure that you have a tracking link.
- When the postal registration has been received by the Nirodha Retreats Worldwide office, you will receive a confirmation email to the email address indicated on the form.
- If you have not received a confirmation email, please check your tracking link to see if the form has been received. If it has been received, please contact us via email or telephone. It may take 2-4 business days to process a registration.
- Registrations sent via post will take longer to process than an online registration.
- Postal registrations are only accepted if sent out four weeks before the starting date of the retreat. If sent in less time, it will not guarantee you a place.
- For security purposes, please inform the office ahead, when sending out your postal registration.

Office Use Only:

Registration Number:

--	--	--	--	--	--	--	--	--	--	--	--

Member ID: (If applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Retreat Code:

--	--	--	--	--	--	--	--	--	--

Payment:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Received | <input type="checkbox"/> Confirmed |
|-----------------------------------|------------------------------------|

Place:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Waiting List | <input type="checkbox"/> Confirmed |
|---------------------------------------|------------------------------------|