2014-15 Meditation Retreat Registration Form

Register online at www.nirodharetreats.com/registration.

This form can be downloaded at www.nirodharetreats.com/registration.

Completing this form and submitting payment will register you for the selected Nirodha Meditation Retreat. All information requested must be complete or your registration may be delayed in processing. This form must be received at the Nirodha Retreats Worldwide office at least four weeks before the starting date of the retreat.

Note: Be sure to complete all x pages and, if necessary, staple the completed form before mailing.

- Print all information clearly.
- Use blue or black ink.
- If you need assistance filling out the form, please call us +94 77 911 1719 (standard calling rates apply).
- Only check payments are accepted via post for security reasons. All checks need to be crossed account payee only and written to 'Nirodha Retreats Worldwide'.

 Mail the completed registration form and payment to:

Nirodha Retreats Worldwide 44, Edirisinghe Road, Mirihana, Nugegoda, Sri Lanka WP 10250

If you have p birth and the								n Re	etrea	at, p	lease	indic	ate	you	ır na	ame	, da	te c	of
Name:											Date (of Bi	rth:		/_		_/		
Retreat Part	iculars	*:																	
* Please indica	ate the l	ocation	n, dura	tion, m	onth	and y	year (of on	ly the	e las	t Niro	dha F	Retre	at y	ou a	ıtten	ded.		
All required finoted with ar	ields m n asteris	ust be	comp	oleted,															
* First (Give	n) Nam	e:																	
Middle Nam	e or Mi	ddle l	nitial:																

* Date of Birth:		* Gender:									
Marital Status: Single In A Relationship Married		Separated Divorced Widowed									
* Occupation:											
Employer:											
Contact Info	rmation										
* Address Line 1:											
Address Line 2:											
Address Line 3:											
Address Line 4:											
* City:											
* State or Province:	* Country:	* 2	* Zip Code:								
This is a new residential/	mailing address.										
* Email Address:											
Phone Number:											
+											

Practice Informatio	n								
I am new to the meditation practice.									
* Which Tradition Do You Consider Yourself Affiliated With?									
Theravadha Vajryana Tibetan	Zen Spiritual Non-Religious								
If other, please specify:	Other								
I have meditated with Dhammaruwan be	efore.								
	ended with Dhammaruwan: ted. You may also include any significant public talks and nclude how you first heard of Dhammaruwan and his								
* Outline your practice history:									
Please include the month and/or year, teacher and	location for all retreats listed. You may include daylong our practice. You need not repeat the retreats you have								

Which meditation teacher/s have you benef	ited from the most in your practice?
What motivated you to attend this meditation	on retreat?
Health Information	
Do you have a history of (any) psychological Yes	al difficulties?
or any other psychological condition?	ety disorder, psychosis, schizophrenia, mania
Yes	No
Please describe, specifying condition(s) and	date(s).

* Are you currently seeing a therapi	Ist or psychiatrist? No							
If so, please explain the nature of your work with him or her.								
* Are you currently taking medication Yes	on for any psychical or psychological conditions?							
If yes, please specify the condition	and list the medications and dosage.							
* Do you have any psychical limitat program?	ions that might impact your ability to participate in the							
Yes	No							
If yes, please specify.								
* Do you have any food allergies or Yes	preferences?							
If yes, please specify.								

Emer	gen	СУ	Со	nta	a c t											
* Name:																
* Relations	hip to yo	ou:														
* Phone Nu	ımber: (I	nclude Co	ountry Co	ode)												
Proce		n a	ln	f o r	m a	† i (n n									
* Retreat yo																
* Retreat D	ata and/	or Code	0.													
Heireat D	ate and/	or Code	e: 													
* How will y		ubmitti	ng you	ır payı	ment 1	for the			(writ	ten to	'Niroc	lha R	Retrea	ats V	Vorldwi	ide')
Would you Yes	like to r	eceive	our pe	riodica	al new	/slette	er? No)								
Did Someb Yes	-			Retre	eat To	You?	No)								
If yes, pleas	se inclu	de nam	e:													
Will you be	travellii	ng intei	rnation	ally to	atten	d this	retre No									
Will you be Each yogi n Yes	_	_		-				payn	nent	can	be m	ade	tog	ethe	er.	
If yes, pleas	se inclu	de nam	e:													
Would you This include Yes							our re		ıt pa	ymeı	nt					

What regions are you interested in for the We will email updates and news for the de							
Australia	Elsewhere in Asia						
Canada	United States of America						
Europe	South America						
Indonesia and Thailand	United Kingdom						
Sri Lanka and India	Worldwide						
Confirmation							
I certify that I am the person who will atter appear on this form.	nd this meditation retreat and whose name and address						
Signature:	Date:						
 ensure that you have a tracking link. When the postal registration has been receive confirmation email to the email address indicated. If you have not received a confirmation email, ple has been received, please contact us via email o Registrations sent via post will take longer to process. 	ease check your tracking link to see if the form has been received. If in telephone. It may take 2-4 business days to process a registration. cess than an online registration. four weeks before the starting date of the retreat. If sent in less time, in						
Registration Number:							
Tiegistration Number:							
Member ID: (If applicable)							
Retreat Code:							
Payment:							
Received	Confirmed						
Place: Waiting List	Confirmed						