



SATIPATTHANA MEDITATION CENTRE

735A & 735B, Havelock Road, Singapore 169652

Email: Email: sati_patthana@yahoo.com.sg

<http://www.smcmeditation.org>

Registration Form *9-Day Vipassana Meditation Retreat* *June 30 (Sat) – Jul 8 (Sun), 2007*

Name: _____ NRIC / Passport No: _____
Nationality: * S'porean / PR /Burmese/ _____ Sex: * M / F Marital Status:* Single / Married
Address: _____, S (_____).
Contact No (HP) : _____ (Off) _____ (H) _____
Email Address: _____ Occupation: _____ Age: _____

NEXT OF KIN to be contacted in case of emergency

Name: _____ Relationship: _____
Address: _____, S (_____) Tel(HP): _____

MEDITATION EXPERIENCE:

Spiritual Organisation associated with: _____

Meditation Experience : No Yes • Type of Meditation _____
• Teacher's Name _____
• Period _____ Daily Practice Yes No

Any history of mental abnormality: Yes No

Yes. Diagnosis _____ Date of last review (by doctor) _____

On treatment : Yes No

I, _____, declare that the information given in this application form is true and correct. I understand that the Centre reserves the right to reject my application and / or ask me to leave should the information, in whole or in part, proved to be materially untrue and incorrect.

Furthermore, I shall not hold the Centre responsible and/or liable for any mishap, unforeseen incidents, physical or mental illness that may occur before, during and/or after the intensive retreat.

I undertake to abide strictly by the rules of the Centre, to learn and practise sincerely and conscientiously and to follow closely the advice and instructions of the teacher.

I will not hold the Centre liable and/or responsible for any items lost at the retreat premises.

Signature: _____ Name: _____ Date: _____