International Meditation Centre

IN THE TRADITION OF SAYAGYI U BA KHIN 54 Cessnock Road, Sunshine NSW Australia, NSW 2264 P.O. BOX 3059 BONNELLS BAY NSW 2264

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COURSE FORM (Please complete in BLOCK CAPITALS)	
I wish to attend the Meditation Course to be held 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? If yes, please say when and where was your most recent course	Yes No
2: Are you practising any other techniques of meditation? If yes, please give details	Yes No
3: Are you in good physical and mental health? If no please give details	Yes No
4: Are you, or will you be, on any medical treatment at the time of the meditation course? If yes, please give details of medication	Yes No
5: Do you suffer from any serious food allergies? If yes please give details	Yes No
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. Would you like to receive a newsletter (by email only)

Yes

No