

Blue Mountains Insight Meditation Centre



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Medlow Bath, NSW 2780
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website: bmimc.org.au

Retreat Registration

Retreat name:

Retreat dates: Retreat code:

Personal Details

Name:

Address:

City:

State: Post Code:

Phone:

Email:

Date of Birth:

Male Female

General Information

Have you previously attended a retreat at BMIMC?

How will you be travelling to BMIMC?

Car rego number (if driving):

Would you like to receive BMIMC updates and newsletters?

Would you like to receive updates from the teacher of this retreat about their schedule outside of BMIMC?

Payment

Payment will be required within one week of being notified that you have a place on the retreat

- Please deduct payment from my credit card using the details below. (Preferred method)
- I will make payment once I have been notified that I have a place

Credit card details

Payment Amount: Full payment required for retreats up to 4 days.
\$100 deposit required for longer retreats

Card Number:

Name on card:

Expiry date:

Information for the Teacher

The information requested below helps the retreat teacher and BMIMC staff understand your background and difficulties you might encounter during your retreat. The information provided is confidential, and this form will be destroyed at the end of your retreat.

What experience do you have of vipassana (Insight) meditation in the Mahasi tradition, or broader Buddhist traditions? Who are/were your teachers?

Describe any present circumstances that might place your meditation practice under additional stress (e.g., recent loss of a loved one, job loss, substance abuse, physical or psychological problems).

Have you been diagnosed with a psychological or physical condition or illness? If so, please describe the diagnosis, treatment and dates.

Are you taking prescription drugs of any kind. If so, please give details.

Are you currently seeing a psychiatrist, psychologist, psychotherapist or counsellor?

If so, do you give BMIMC permission to contact your therapist in an emergency?

Therapist's name:

Therapist's phone no.

In case of emergency, please contact:

Name of contact:

Relationship:

Contact phone:

I have read and understand the information on the **Retreat Information Sheet*** and agree to attend the retreat on these terms.

Signature:
(or key in name)

Date:

Please email or post the completed form to the BMIMC office

*The Retreat Information Sheet includes policies such as cancellation, food and catering policies. From time to time our policies change so we recommend reading even if you have been to BMIMC before. The information sheet can be downloaded from our website.