

# REGISTRATION

Insight Dialogue Retreat / December 13th-19<sup>th</sup> 2013

Sudarshana Meditation Centre, 58/1 Yatiyana, Minuwangoda, Sri Lanka

Please Fill this form and mail to the address above.

1) Name : \_\_\_\_\_

2) \_\_\_\_\_ Male \_\_\_\_\_ Female

3) Address : \_\_\_\_\_

\_\_\_\_\_

4) Telephone : \_\_\_\_\_

5) Email : \_\_\_\_\_

6) Emergency Contact : \_\_\_\_\_

7) Phone : \_\_\_\_\_

Please check if any of the following apply:

- I have a daily meditation practice
- I practice Insight/Vipassana Meditation
- I have attended previous Insight Dialogue retreats or teachings
- I practice as a health professional (please describe)
- I have special dietary needs (please describe)

## **Contact Address:**

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