Nalanda

BHAVANA DAY APPLICATION FORM

1-Day Meditation Retreat at Nalanda Centre
Led by Ayya Susīla

1 December 2013 | Sunday | 9am - 6pm

All personal information is kept strictly confidential. Please fill in all necessary information below clearly and accurately in CAPITAL letters and submit the duly completed form to the organizer by :

- *Scanning and emailing to **sandra@nalanda.org.my**;*
- *Faxing to **+6 03-8938 1502**; or*
- *Posting/Delivering to **Nalanda Centre, 3357 Jalan 18/31, Taman Sri Serdang, 43300 Seri Kembangan, Selangor.***

Name : _____ Gender : M ☐ F ☐

Date of Birth : _____ (D) _____ (M) _____ (Y) Occupation : _____

Home Address : _____

_____

E-mail : _____ Phone No. : _____

The information requested below will help the meditation teacher to better understand your background and any difficulties you might encounter during the retreat.

1. Do you practise meditation regularly? Yes ☐ No ☐
   If yes, what kind, and for how long have you been practising?

   _____

2. If you have attended a meditation retreat(s) before, please provide details below :

   Name of Teacher(s) : _____ Location : _____

   Technique / Tradition : _____ Year : _____ Duration : _____

3. Are there any recent circumstances (e.g. loss of a loved one, illness, fasting, substance abuse, prolonged depression) or past history (e.g. serious attempt to take your life) that might affect your retreat? Yes ☐ No ☐

4. Are you currently taking any prescribed medication? Yes ☐ No ☐
   If yes, please list them and the daily dosage.

   _____

5. Medical emergency contact :

   Name : _____ Phone No. : _____ Relationship : _____

6. Do you have any serious food allergies? Yes ☐ No ☐
   If yes, please describe.

   _____

Signature : _____ Date : _____