**Course Application Form**

I wish to attend the Meditation Course to be held from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

* Name ：
* Date of Birth ：
* Occupation ：
* Gender ： Male / Female
* Nationality ：
* Do you understand English ? Yes / No
* Address ：
* Telephone ：
* Cell phone ：
* E-mail ：
* Please give details of someone to contact in case of emergency.

Name ：

Address ：

Telephone ：

1. Have you ever attended courses in the Sayagyi U Ba Khin tradition before? Yes / No

If yes, please say when and where was your most recent course.

2. Are you practicing any other techniques of meditation? Yes / No

If yes, for how long have you been practicing them?

3. Are you in good physical and mental health? Yes / No

If no, please give details.

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 medically confirmed food allergies? Yes / No

If yes, please give details.

6. How did you come to know about this Center and the meditation course?

Could you please name magazine, website, friend, poster, etc. from which you learned of the International Meditation Center.