## **Meditation Registration Form in B.E.2564 A.D.2020**

Name	
Gender Age Citizenship	•••••
Address	
•••••	••••••
Telephone	
E-mail, if available	
Have you previously learned meditation?	
If yes, how many sessions had you learned?	
For a 10-day meditation retreats on June 20 - July 1, B.E	2.2564 A.D.2020, how many days are
you able to attend? Please list days that yo	ou can participate?
Will you be able to refrain from talking in a 10-day retre	ats?
Note: Please print your name clearly on dotted lines belo	ow.
Sign	nature of trainee
Date	e:

*Please mail completed form to address or e-mail below at least one month before the retreats starts:* The Kiryvonsga Bopharam Pagoda, the Peace Meditation Center

ATT: 2564 Meditation Retreats

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