

# INTERNATIONAL MEDITATION CENTRE

*In the tradition of Sayagyi U Ba Khin*

# COURSE FORM

I would like to attend the meditation course from \_\_\_\_\_ to \_\_\_\_\_

*Please complete in BLOCK CAPITALS*

Surname:	First Names:
Date of Birth:	Occupation:
Nationality: Male Female	Do you understand English well? Yes No If no, what language(s)?
Address:	Telephone: Fax: Mobile: Email:
Please give details of someone to contact in case of emergency: Name: Telephone: Address:	
1. Have you attended courses in the Sayagyi U Ba Khin tradition before? Yes No <i>a) If yes, please say when and where was your most recent course</i>  <i>b) If no, have you practised any other techniques of meditation?</i> Yes No	
2. a) Are you in good physical and mental health? Yes No <i>If no, please give details</i>  b) Are you undergoing any course of medical treatment and/or will you be taking any medication at the time of the meditation course? Yes No <i>If yes, please give details of medication</i>  c) Do you suffer from any serious food allergies? Yes No <i>If yes, please give details</i>	
3. How did you come to know about this centre and meditation course? Could you please name the magazine, website, friend, poster, etc. from which you learned of the International Meditation Centre.	
<small>All information will be kept strictly confidential. This form will be destroyed within one month from the end of the course. Your name and address will be held on a database only for the despatch of our newsletter. If you do not want to receive a newsletter please tick this box</small>	

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Sayagyi U Ba Khin Memorial Trust (Charity Registration Number 280134)