



Retreat Center Registration

Mail your completed form to IMS, 1230 Pleasant Street, Barre MA 01005, USA

Course code _____ Visit dates: From _____ To _____ Deposit \$ _____

Name _____ Sliding scale amount you will pay \$ _____

Address _____

City _____ State _____ Country _____ Zip _____

Check if new address. Old address _____

Phone _____ Cell _____ Email _____

Year of birth _____ Do you smoke? YES NO Do you snore? YES NO

Have you been to IMS before? YES NO Have you attended a retreat elsewhere before? YES NO

How do you identify your gender? Female Male Transgender or gender diverse (e.g. gender queer, gender fluid, agender, etc.)

Which would be your preferred accommodation? Floor for all genders Floor for women Floor for men

Please also indicate any mobility or other limitations, or needs we should be aware of in assigning your room and having you on retreat with us. (You are also welcome to email us at rc@dharma.org or call us at 1-978-355-4378.)

Professional experience (if registering for MBMR) _____

Retreat experience (for 3MO, PT1 & PT2 courses). Please list teacher names, dates, course length and locations.

(Attach extra paper if necessary.) _____

Do you wish to apply for financial assistance?

- Yes, please send me an application form
- Yes, I will submit an application online

I wish to receive my confirmation packet

- by email
- by postal mail

Do you wish to receive our postal mailings?

- YES NO
- May we share your postal address with similar organizations?
- YES NO

Do you wish to be on our email list?

- YES NO
- May we share your email address with similar organizations?
- YES NO

I am including \$ _____ as a donation to IMS.

I am paying by



My check payable to IMS is enclosed for \$ _____

Credit card # 3-digit verification code

Expiration date / Exact name on credit card _____

Total amount to charge credit card \$ _____ Cardholder signature _____