



# 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 \_\_\_\_\_ Have you been to IMS before? YES  NO

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Check  if new address. Old address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

M  F  Year of birth \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Do you snore? \_\_\_\_\_

All accommodations are single rooms, with shared bathrooms. To assist us in assigning your room, please indicate any physical disabilities, special needs and/or your preference for a gender-specific or co-ed floor. (We'll do our best, but cannot guarantee that we can meet all requests.) \_\_\_\_\_

Retreat experience (for JA, LR, 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 \_\_\_\_\_