

# 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 \_\_\_\_\_

Cell \_\_\_\_\_ Phone \_\_\_\_\_ 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 meditation retreat elsewhere before?  YES  NO

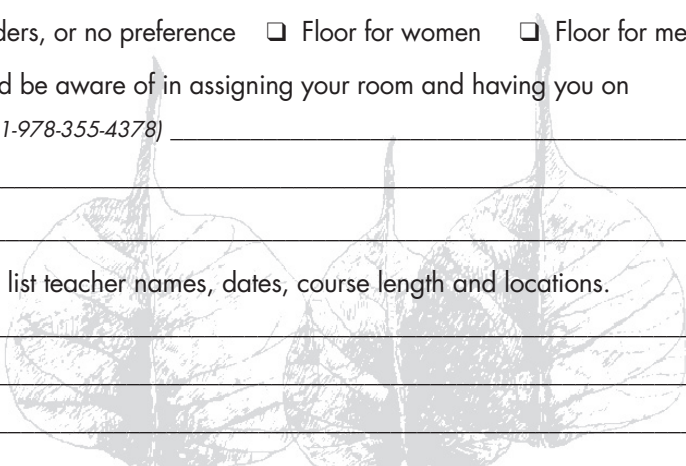
How do you identify your gender?  F  M  Transgender or gender diverse (e.g. gender queer, gender fluid, agender, etc.)

Which would be your preferred accommodation?  Floor for all genders, or no preference  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 involvement with mindfulness (if registering for MBMR) \_\_\_\_\_

Retreat experience (if registering for BA, SUJ, 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 \_\_\_\_\_