



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 attended a retreat at 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 (*genderqueer, gender fluid, agender, etc.*)

Which would be your preferred accommodation?

Floor for all genders or no preference Floor for those who identify as women Floor for those who identify as men

Please 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 BAKZ, WJK, CF, AMW, 3MO, PT1, PT2 & RN courses – please see course description for specific requirements*). 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

Do you wish to receive our postal mailings?

- YES NO
- May we share your postal 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 _____

