

Retreat Center Registration

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

Course code	Visit dates: From	То	Deposit \$	
Name	Sliding scale amount you will pay \$			
Address				
City	State	Country	Zip	
Check □ if new addre	ss. Old address			
Cell	Phone	Email		
Year of birth	Do you si	moke? 🗆 YES 🗀 NO	Do you snore? 🗆 YES 🗀 NO	
Have you attended a r	retreat at IMS before? 🗆 YES 🗅	NO		
Have you attended a r	meditation retreat elsewhere before	9? □ YES □ NO		
How do you identify yo	ur gender? 🗆 F 🗀 M	☐ Transgender or gender dive	erse (genderqueer, gender fluid, agender, etc.)	
Which would be your p	preferred accommodation?			
, ,		ose who identify as women	☐ Floor for those who identify as men	
_	•	Al .	ning your room and having you on retreat	
	come to email us at rc@dharma.org or call	7384176kg		
Professional involvemen	nt with mindfulness (if registering for MB/	MR)		
			description for specific requirements). Please list	
leacher hames, dales, co	ourse length and locations. (Attach extra	paper ii necessary.)		
Do you wish to apply for financial assistance?		I wish to receiv	I wish to receive my confirmation packet	
☐ Yes, please send me an application form		by email	□ by email	
☐ Yes, I will submit o	an application online	by postal mai	I	
Do you wish to red	eive our postal mailings?	Do you wish to	be on our email list?	
□ YES □ NO		□ YES □ NO		
May we share your posto	al address with similar organizations?	May we share your	email address with similar organizations?	
□ YES □ NO		☐ YES ☐ NO		
I am including \$	as a donation to IMS.			
I am paying by 🚨	VISA □ Mastercard □ My c	check payable to IMS is enclo	osed for \$	
Credit card #			3-digit verification code	
Expiration date	/Exact name on cred	lit card		
Total amount to charge	o cradit card \$	ardholdor signaturo		