



Amitabha Retreat
Chin Swee Caves Temple, Genting
15 - 19 September 2015

Registration Form

Name: _____ Gender: Male: Female:

IC No.: _____ Age: _____ Marital Status: Married

Occupation: _____ Single

Correspondence Address: _____

Tel (H) : _____ Handphone no. _____ *Email: _____

Meditation Experience: Yes No

Type of Meditation: _____

Teacher's Name: _____

Meditation Experience:

A. Have you attended any meditation class or retreat before? Yes No

B. When and where was your last meditation retreat? _____

C. Meditation teacher's name: _____

Medical History:

A. Do you have any psychiatric or health problems? Yes No
(e.g. injury, diabetes, hypertension, etc)

If Yes, please specify: _____

Next of kin to be contacted in case of emergency:

Name: _____ Contact No. : _____ Relationship: _____

I, _____, the undersigned hereby declare that the above information is true and I am willing to abide by the instructors' advice. Otherwise, I will leave on my own accord. I also understand that the organizers will not be responsible in the event of any mental or physical injury incurred during the retreat.

Date: _____ Signature of Applicant: _____

Accommodation: Check-in: **15 September 2015**; Check-Out: **19 September 2015**

Please complete and indicate who you want for your roommate.
Payments to be made only when registration is accepted.

Please email to:
1) Poh Chwee (pohchwee@hotmail.com)
2) Rozan (rozansoh@gmail.com)
3) Tammy (yeshesogyal5496@gmail.com)

Any Preferred Room mate: Yes No If Yes, please state name : _____