

Registration for Dharma Teacher Retreat 2015

First Name _____

Last Name _____

Email _____

Phone _____

Your Zen Center _____

Your Precepts _____

Days Attending

Saturday, October 17

Sunday, October 18

Transportation

Do you need any transportation? If so, please indicate where you will be arriving; Green airport, Providence Bus station, Providence train station, or Attleboro train station.

No

Yes (please give itinerary) _____

Rooming Preference

Rooming Preference (male only, female only, none)

Male Only

Female Only

No Preference (Gender _____)

Rooming Needs

Do you have any special considerations for rooming? Most of our rooms are semi-private.

No

Yes (please explain) _____

Do you have any dietary restrictions?

No

Yes (please explain) _____

Payment Information (Registration Fees must be paid in advance. Please send a check to the office or fill out your credit/debit card information)

Card Number _____

Expiration Date _____ Signature _____