



## PO LAM BUDDHIST ASSOCIATION

46350 Prairie Central Road (at Velma Ave), Chilliwack BC, Canada V4Z 1A1

Tel: 1-604-792-1262 Fax: 1-604-792-2320 Email: [Registration@polam.ca](mailto:Registration@polam.ca)

Applicant must be over 18. To submit this application, fill in the form, mail, email or fax to the center.

### 1-Day MINDFULNESS MEDITATION APPLICATION

Course Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F

Emergency Contact \_\_\_\_\_

Tel \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Office / Cell \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Languages  English  French

Other \_\_\_\_\_

Have previous meditation experience?  yes  no Have psychiatry treatment?  yes  no

If yes, please provide details. \_\_\_\_\_

If you need special arrangement, please specify. \_\_\_\_\_

How do you hear about this course? \_\_\_\_\_

#### General Information

1. The course starts at 9:10 am and finishes at 4:00 pm. All students must report to the center at 9:00 am.
2. Each student shall bring along a comfortable cushion to sit on and a shawl, a sitting mat would be provided.
3. Simple vegetarian Lunch will be provided, please bring a cup for drinking.
4. Course Fee by Donation.

#### Code of Discipline

1. All students must observe **Complete Silence** throughout the duration of the course.
2. Cell phone must be turned off and left in the car or deposited with the management.
3. All students shall wear decent and comfortable clothing.
4. Men and women students will be segregated. Couples, family and friends shall not contact each other in during the course.

I affirm the above information in this form is true and complete. I acknowledge that I have read and understand the code of discipline and agree to abide by the rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Day Signature

PLME1/app/2010