Pure Mind Center program registration form

**Venue: Pure Mind Center, 7825 Olive Blvd., University City, MO63130**

Event title: Two-Days Meditation Retreat Instructor: Guo Gu \_\_\_\_

Program Date & Time: October 27 and October 28, 2018 (9am – 4pm) .

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First name Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone Number

Health Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: (Your health condition, experience in meditation practice, learning Buddhism¸ any of your concern about this events,….etc.)

**Please check below programs that you will attend.**

**October 27, 2018 (Saturday) 9am – 4pm** **Two-Days Meditation Retreat**

*(We suggest that participants have some basic meditation experience. This program is free to the public. Light vegetarian lunch is included. Donations are welcome.* ***Registration is required****.)*

\_\_\_\_\_\_\_\_\_ Yes, I will register this program.

 \_\_\_\_\_\_\_\_\_ No, I will not attend this program.

**October 28, 2018 (Sunday) 9am – 4pm Two-Days Meditation Retreat (cont.)**

*(We suggest that participants have some basic meditation experience. This program is free to the public. Light vegetarian lunch is included. Donations are welcome.* ***Registration is required****.)*

\_\_\_\_\_\_\_\_\_ Yes, I will register this program.

 \_\_\_\_\_\_\_\_\_ No, I will not attend this program.

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

*We have limited seats. Please submit your registration form as early as possible. We will send you a confirmation letter when we receive your registration form. Thank you.*

**Submit your registration form to: info.puremindcenter@gmail.com**