Pure Mind Center program registration form

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

Program title: One Day City Chan Meditation Retreat Dharma Teach: Gilbert Gutierrez

Program Date & Time: June 17, 2017

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last Name)

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

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

Emergency Contact Person: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: (Your experience in meditation practice, learning Buddhism & any or your concern about this program,….etc.)

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**One Day City Chan Meditation Retreat**

**6/17 (Saturday) 9:00am – 4:30pm**

 **\_\_\_\_\_\_\_ Yes, I would like to attend the full day program.**

 **Or, Please check below session(s) which you plan to attend.**

 **\_\_\_\_\_\_\_ Morning Session (9am-noon)**

 **\_\_\_\_\_\_\_ Lunch**

 **\_\_\_\_\_\_\_ Afternoon Session (1pm – 4:30pm)**

**6/17 (Saturday Evening Program) 4:30pm – 8:30pm**

 **\_\_\_\_\_\_\_ Dinner**

 **\_\_\_\_\_\_\_ Personal interview, Q/A and practice sharing**

**Do you need a personal interview? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Please submit this registration form to: info.puremindcenter@gmail.com**