Application for the Advanced Dzogchen Meditation Retreat with LAMA SURYA DAS

Saturday October 20th to Saturday October 27th, 2012 Dzogchen Osel Ling, Austin, Texas



Dzogchen Center

General Infor	r mation (Please pr	int legibly)		
Name				☐ Male ☐ Female
Address	-			
Phone	Day			☐ Preferred
	Evening			☐ Preferred
Email				
Occupation				
Reservation	(Select a room)			
□ \$′	1295 Private Room			
□ \$9	995 Double Room	(one roommate; limited	availability)	
Is deposit	or full payment er	nclosed?		
□ \$400	deposit or	registration fee		
and that following	balance will be due, eith	er by credit card online or gistration is subject to cand	nce due will be sent six weeks by check, to arrive at Dzogche cellation. If there is less than si.	n Center within the
Form of pa	ayment (in US doll	ars only)		
☐ Che	eck or money order			
□ VIS	A	Account Number		
Nan	ne as it appears on ca	rd	Expiration	Date
processi retreat, y	ing fee of \$50. In the eve your deposit will be carri	nt you cancel less than si ed forward (less processii	art of the retreat, your deposit x weeks but more than one mong fee of \$100) as an available acluding) the same retreat in th	onth prior to the start of the e credit toward registration
In the ev	vent you cancel less than	one month but more thar	three weeks prior to the start	of the retreat, your deposit

of \$400 will be forfeited and any amount paid in excess of that will be refunded. In the event that you cancel less than three weeks prior to the start of the retreat, all amounts paid will be forfeited entirely. Also if neither payment in full nor notice of cancellation is received by Dzogchen Center at least three weeks prior to the start of retreat, any

amount paid or credit brought forward will be forfeited.

Practice and Retreat Experience

Which Dzogo	chen Center retreat did you last attend, and are you a member?	
_	·	
Please provi	ide a brief summary of your practice and retreat experience:	
-	al Needs or Requests (Please answer all questions carefully and completely)	
Do you nave	any current medical difficulties, physical or mental? \square Yes \square No \square If yes, please specify:	
Are you curre	ently taking any medication? Yes No If yes, please specify	
Have you ha	ad any major difficulties in previous retreats? \square Yes \square No \square If yes, please specify	
Are you in the	erapy?	
	le rapy: 🔘 res 🔘 rivo (ii yes, piease be sure to discuss your interition to do triis retreat with your trierapis	st.)
Places list on		st.)
Please list ar	ny other special needs or requests.	st.)
Please list an		st.)
	ny other special needs or requests.	st.)
	ny other special needs or requests.	
mergency C	ny other special needs or requests. Contact	
mergency C	Contact Relationship	
mergency C Name Address	Contact Relationship	
mergency C Name _ Address _ Phone	Day Evening Evening	
mergency C Name _ Address _ Phone Email	Day Evening	
mergency C Name Address Phone Email	Day Evening Day Ferning Day For your application. You will be notified shortly.	
mergency C Name Address Phone Email hank you lease do no	Day Evening	
mergency C Name Address Phone Email Thank you lease do no onfirmation	Contact Relationship Day Evening If or your application. You will be notified shortly. bit book any travel arrangements before receiving	

Dzogchen Center Retreats PO Box 400734 Cambridge, MA 02140 USA

Please mail this form with your payment (credit card details on this form or check enclosed) to:

We will process your application and provide additional information upon receiving this form and payment.