



Satipaṭṭhāna Sutta Study with Meditation Workshop

Part 1: 12-13 May & Part 2: 26-27 May 2012

Registration Form

1. Full name	2. Age	3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Correspondence address	5. Telephone no. a. Home b. Work c. Mobile	
	6. Email [REQUIRED ; write clearly] ¹	
8. Do you have any chronic mental or physical illness or disability? <input type="checkbox"/> No. <input type="checkbox"/> Yes, as elaborated below:		

Next of kin to be contacted in case of emergency:

Name	Telephone no. Home	Address
Relationship	Work	
	Mobile	

I declare and acknowledge that:

- ^ the particulars given in this form are to the best of my knowledge **true and correct**;
- ^ I shall try my best to **follow the rules and regulations of BHS** insofar as they affect me as a participant;
- ^ I shall not hold BHS Management Committee liable for any mishap due to my own action or negligence during my stay in BHS.
- ^ BHS reserves the absolute right, in exceptional circumstances, to require a resident to leave BHS at 24 hours notice. This right shall be exercised in the best interests of Bodhi Heart.

SIGNATURE

DATE

Please check to make sure you have filled up the form **correctly and completely**, then send to

**SBS SSSwM Workshop
Organiser
c/o Yew Lye Hin,
52, Lebu Lye Nipah,
11900, Penang.
MALAYSIA.**

E. lhyew05@gmail.com

Closing date: **5 May 2012**

¹ If you do not use email, please indicate an email address of someone close to you.