

Mindfulness & Insight Meditation Course

Wat Lao Samakhidhammaram

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cittabuddha@gmail.com

To apply for a place in the course, please complete all details as appropriate, send to the above address or email to cittabuddha@gmail.com and await notification.

Date of Registration: ____/____/____/
dd mm year

Contact Information

First Name:	Last Name:
Address:	
Email:	
Phone (home / mobile):	

I, _____, hereby agree to to abide by all the rules and regulations for the duration of the course. I affirm that I am fit to participate in the meditation course that will require my full mental and physical health.

Thank you for registering! On confirming your place, we will also send you the course information to help you plan your visit.

Note: *All information shared is treated as confidential and private.*