



Insight Meditation Retreat

Awakening the Heart and Mind

8th - 15th June 2018 at Byron Bay

Thank you for your inquiry & interest in this Insight meditation retreat. The retreat offers an ideal opportunity for established meditators to deepen their practice and for those new to meditation to experience a valuable but gentle introduction to silent meditation & the Dharma teachings in a welcoming, supportive environment.

Retreat Fees:

Standard shared rooms - **\$750** for accommodation and all meals,
Single room with en suite - **\$810**, limited number of rooms, please check before booking.
Camping - **\$500**, for camping site and meals, limited sites available.

NB: To secure your place full payment is required.

Cancellation less than two weeks before the event may incur a cancellation fee of \$200.

Some scholarships are available for those with limited means; for information on how to apply please contact Sonja, see details below.

Booking is a two-step process:

Step 1: Complete the **registration form** below and return by email to: Sonja Andrey Sandrey1550 (at) gmail.com. Replace at with @
post to: Sonja Andrey, Lot 25, 65 Kilcoy Lane Conondale Qld 4552

Step 2: Make your payment in full, by bank transfer to:

BSB: 637-000

Account Name: Kuan Yin Meditation Centre – Retreat Account

Account Number: 719873219

Reference: your surname name + Subh

NB Please email the bank transfer confirmation to Sonya

Please check that you use the Account No. listed above as it has recently changed

NB: **We need your completed registration form and payment in full to secure your booking.**

For further retreat information please contact: Sonja Andrey, sandrey1550(at) gmail.com

After receipt of your registration form and payment your booking will be confirmed.

Further information providing directions, what to bring etc. will be sent to you with your receipt.

Should the course be full, you will be notified and your name will be placed on a waiting list. You will be contacted if a place becomes available. Early registration and payment is suggested, as places are limited.

***Please scroll down and complete the Registration Form**

Retreat Registration Form 8th - 15th June 2018

Section 1:

Personal Details:

Name:		Gender:	Age:
Address:			
Email:			
Phone:	Mobile:	Home:	

Contacts in case of emergency during the retreat:

Name:	
Relationship:	
Phone contact:	

Personal Requirements:

Dietary:	
Other needs:	
Do you have sleep issues that may disturb others?	

Transport:

Your vehicle registration number if parking at Sangsurya:			
If you can offer a lift or are requiring a lift, please complete the following section:			
Offering a lift?	<u>One way</u>	<u>Return</u>	<u>Number of people you can take:</u>
			<u>From:</u>
Requesting a lift?	<u>One way</u>	<u>Return</u>	<u>From:</u>

Note: Reasonable attempts will be made to meet special requirements & lift requests but cannot be guaranteed.

Section 2:

Participant confidential information

By completing this section you are providing background information for teachers only.

Life situation and/or occupation:

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Current meditation practice (if any):

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Previous retreats / meditation practice:

Tradition	Teacher	Year	Length

Current issues that may make meditation or retreat participation difficult for you at this time:

Physical	
Mental / Emotional	
Spiritual	

Many meditators are on a healing journey. On meditation retreats individuals may experience strong physical and psychological states. Please answer all the following questions so we can care for you appropriately.

Do you have any current or previous:	Yes/No	Past	Current
Drug (including alcohol) abuse or addiction issues			
Diagnosis or treatment of a mental illness (psychological or psychiatric)			
Medical conditions that could require attention during the retreat			

If you answered “Yes” above please give further information about your condition:	Yes	No
Are your symptoms currently well controlled?		
Do you currently drink alcohol on a regular basis?		
❖ If so, have you ever had any problems abruptly stopping alcohol usage?		
Do you currently use recreational drugs (e.g. marijuana, amphetamine, ecstasy)?		
❖ If so, are you able to abstain from all recreational drugs during your retreat?		
Have you ever made a serious attempt at taking your life?		
Do you have a history of emotional instability during intensive meditation retreats?		
❖ If so, please briefly explain:		

If you are taking any prescription medications for physical or psychological conditions please list each medication and daily dosage, as well as the condition it is being used to treat below:

Condition	Current Effect on Daily Life	Treatment Including medications.	Hospital admissions	Current Doctors or Therapists Name & address

I will inform the teachers/managers of any change in my circumstances.

By printing/signing my name below, I confirm that the above information is correct.

Name or Signature:

Date:

Please email your completed form to: sandrey1550 (at) gmail.com (replace (at) with @)

Thank You

