

Samadhi Retreat Registration Form

PLEASE TYPE OR PRINT CLEARLY

Please indicate the Retreat and dates you will come to Samadhi?				
Name of Retreat program				
Arrival Date	/ /	Departure Date	/ /	
Name				
Address				
City		State/Province		
Country		Zip Code		
Passport Number		Expiration Date	/ /	
Day Telephone		Evening Telephone		
Mobil / Cell		Fax		
Email				
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age (optional)	years
Do you snore?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Please indicate any special needs or physical disabilities you have to assist in assigning your room:				
Please indicate how well you understand and speak English:				
VERY LITTLE <input type="checkbox"/> MODERATELY <input type="checkbox"/> FLUENTLY <input type="checkbox"/>				
What is your native language?				
Can you read signs in English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Can you read signs in Czech?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
What is your meditation practice?				
Have you been to other Vipassana Meditation retreats?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Where?				
When?				
Teacher's name?				
Have you been to Samadhi Retreat Center before?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Samadhi Center is a smoke free environment. If you have difficulty with this, let us know.				
Please mail this form along with your deposit				