

Sayagyi U Ba Khin Gesellschaft Schweiz

Please send this form to: Eugen Jung, Abendstrasse 30/119, 3018 Bern, Schweiz



Application form

I would like to attend the Vipassana meditation course from _____ to _____.

First Name: _____ Surname: _____ M F

Address: _____

Telephone: _____ Mobile: _____

Email: _____ Occupation: _____

Date of Birth: _____ Nationality: _____

Language(s): _____ Date: _____

How did you get to know about this meditation?

Have you already attended courses in the Sayagyi U Ba Khin tradition? Yes No
If yes, please indicate date(s), location and teacher(s):

Do you practise other techniques? Yes No
If yes, please give details:

Are you in good physical and mental health? Yes No
If no, please give details:

Are you undergoing any course of medical treatment and/or will you be taking any medication at the time of the meditation course? Yes No
If yes, please give details of medication:

Did you suffer in the past or are you presently suffering of a physical or mental illness? Yes No
If yes, please give details:

Do you have or have you had any problems of alcohol or drugs abuse? Yes No
If yes, please give details:

Is there anything that you wish to add or bring to the attention of the organisers please give details on the verso.

All information is used exclusively by the meditation teacher and will be kept strictly confidential. If you wish, the form can be returned to you at the end of the course. All forms will be destroyed. Your name and address will be held on a database only for the despatch of our newsletter and information about future courses.