Calming The Restless Mind Meditation Retreat – Rocklyn, Victoria 18th – 25th March 2011

The course fee is **$510.00**, (camping **$440.00**) with a minimum deposit of **$150.00** required to confirm your booking. If possible please prepay the full amount.

Cheques or money orders to be made payable to: **Karina de Wolf**

and mailed to: Karina de Wolf, P.O. Box 229, Castlemaine, Victoria 3450

**Or direct deposit to Bendigo Bank, Meditation Account BSB 633-000,**

**Account No.: 134774140** (Please specify “Meditation Account” and include your name)

Please email the transfer receipt to:

karinadewolf-at-gmail.com (replace -at- with @)

When your Registration Form and deposit or full payment is received, a confirmation letter will be sent to you with details of how to get there, what to bring, etc. Should the course be full, you will be notified and your name will be placed on a waiting list. You will be contacted as soon as a place is available. Early registration and payment is suggested, as places are limited.

Cancellation less than 7 days prior to the retreat will mean a loss of deposit.

If you require an additional form for a friend please copy this form.

**Please arrange work and personal commitments in order to stay on the retreat grounds for the full duration of the retreat.**

Thank you.

Karina de Wolf, Retreat Coordinator

03 5472 2956
Registration
Calming The Restless Mind Meditation Retreat
18th – 25th March 2011

Name: ______________________________________________________

Address: ____________________________________________________

_________________________________________ Post Code___________

Phone: Home: 0________________________

Mobile: 0____________ ____________

Email: ________________________________________________

Do you want to be included on the email list for future Insight retreats and workshops with Insight Meditation Australia teachers.         Yes            No         (please circle)

How did you hear about this retreat: ______________________________________________________

In case of an emergency during the retreat who would you like us to contact:

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Phone contacts</td>
<td></td>
</tr>
</tbody>
</table>

Personal Requirements:

<table>
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<tr>
<th>Standard Vegetarian Menu</th>
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<tr>
<th>Any special needs.</th>
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</table>
PARTICIPANT QUESTIONNAIRE:

Calming The Restless Mind Meditation Retreat
18th - 25th March 2011
Confidential - (for Teachers and managers only).

Name: (please print and underline preferred name) ..........................................................

Life Situation/occupation: ....................................................................................................

Age: _______

Current Meditation Practice (if any): .............................................................................

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Previous courses with Subhana and Carol
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Previous Meditation: Retreats or related practices
Please state Tradition(s) Teacher(s) Year Length
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Current Issues that may make meditation 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:
   * drug (including alcohol) abuse or addiction issues ............................................
     Yes/No/Past/Current
   * diagnosis or treatment of a mental illness (psychological or psychiatric)...Yes/No/Past/Current
   * medical conditions that could require attention during the retreat............
     Yes/No/Past/Current
If yes, please write in the details below
CONFIDENTIAL INFORMATION - FOR TEACHERS / Managers ONLY

If you answered “Yes” on previous page please give further information of your conditions:

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

How do you assess your current ability to work with emotional swings?

_____________________________________________________________

Any condition that might interfere with sitting and walking meditation? ..........Yes/ No
Any limitations that prevent you from participating in the daily work period? ....Yes No
Are you currently taking any prescription medications for physical or psychological conditions? .......... Yes No

If so, please list each medication and daily dosage, as well as the condition it is being used to treat below:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Current Effect on Daily Life</th>
<th>Treatment Including medications.</th>
<th>Hospital admissions</th>
<th>Current Doctors or Therapists Name &amp; address</th>
</tr>
</thead>
</table>

Do you have first aid training and would you be willing to be available on retreat?

_____________________________________________________________

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I will inform the teachers/managers of any change in my circumstances.

Name (please print): ____________________________________________

Signature: ____________________________________________ Date: ____/_____/ ______