

第十届禅修营 10th Meditation Retreat (17/6-21/6)

报名截止: 6月5日 Closing Date: 5 June 2009

Personal Particulars 个人资料

Name:	姓名:
Address 地址:	Postal Code 邮政区:
Contact Numbers 联络号码: (H/ 家) (O/ 公司) (Hp 手机)	
Email address 网址:	
Date of Birth 出生日期:	Highest Education 学历:
Gender 性别:	Occupation 职业:

Other Particulars 其它

Religion: 宗教信仰:	Refuge Master: 皈依本师:	Refuge Date: 皈依日期:	
您学习静坐的目的是什么? Why do you wish to learn meditation?			
您可曾学过静坐? Have you learnt meditation before? <input type="checkbox"/> 学过 YES <input type="checkbox"/> 没学过 NO			
是否还有继续练习? Do you practise regularly? <input type="checkbox"/> 有 YES <input type="checkbox"/> 没有 NO			
曾参加过的活动名称 Method/Activity	何时 When	地点 Where	指导法师 / 大德 Instructor
您是否有身心健康上的问题? 若有, 请说明症状与现在所使用的药物。 Do you have any health &/or psychological problems? If yes, please indicate current condition and medication taken.			

Signature 签名

Date 报名日期

- ◆ Retreat sponsorship: \$80 (free for full time students)
赞助费用: \$80.00 (全职学生免费)
Cheque to be made payable to:
支票抬头请写: **CHENG BENB BUDDHIST SOCIETY**
Indicate your name and contact number at the back of the cheque.
支票背后写上您的姓名及电话。
- ◆ Please send completed form, together with cheque to:
请将表格连同支票邮寄到 净名佛学社 Cheng Beng Buddhist Society 20 Lorong 27A Geylang Singapore 388112
- ◆ Please look out for confirmation notice from us after your application. 审查合格者将接获通知。
For enquires please email ch_meditation@yahoo.com. 询问电话: 佩森 96881667

For Official Use Only

Date Received: _____

Payment: Cash (Receipt No.: _____)

Cheque (Bank: _____, No.: _____)

Handled by: _____