

**Registration Form**

**2007 SISTER DIPANKARA TEN-DAY MIAMI MEDITATION RETREAT  
APRIL 16 - 26, 2007  
MIAMI, FLORIDA, USA**

Please Print This Application, Fill It Out Completely and Return It With Your Deposit to: Miami Sister Dipankara Retreat Committee, c/o Florida Buddhist Association: Attention: Kuanghsi Wu, 12815 SW 119 Terrace, Miami, FL 33186 (**Make check payable to FBA - Florida Buddhist Association**)

WE RESPECTIVELY REQUEST THAT YOU ANSWER ALL QUESTIONS COMPLETELY AND HONESTLY

(Please note that no application will be processed without the deposit)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **YEAR OF BIRTH:** \_\_\_\_\_

**PHONE:** work: \_\_\_\_\_ home: \_\_\_\_\_

cell: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **DO YOU SNORE?** \_\_\_\_\_

**RETREAT AND PRACTICE EXPERIENCE:**

A. Dates and teachers of previous jhana or vipassana retreats (ten days or more)

B. Date, teachers, and durations of retreat in other traditions:

C. Describe your current daily practice:

**PRACTICAL AND SAFETY NOTES:**

Except in emergencies, retreatants will need to provide their own medicines and toiletries. You will also need to provide your own transportation to and from doctors and pay for any medical or dental bills

yourself. Should you fall so seriously ill that you cannot follow the daily routine, it may be necessary for you to leave the retreat and return when your health is restored. ***This also applies for emotional and mental disturbances.***

In case you need emergency support or assistance, please provide the name of some one who will be available during your stay at this retreat:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Are you currently in treatment with therapist or psychiatrist? Yes \_\_\_\_\_, No \_\_\_\_\_

Have you ever been diagnosed with a psychological condition or mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe the diagnosis, treatment and dates.

Do you have any history of emotional instability during intensive meditation retreats? Yes \_\_\_ No \_\_\_  
If so, please describe:

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

Do you have any physical limitations that would prevent you from participating in the daily work period?  
Yes \_\_\_ No \_\_\_  
If so, please describe:

Are you taking prescription medications for any physical or psychological condition? Yes \_\_\_ No \_\_\_  
If so, please list each medication and daily dosage, as well as the condition it is being used to treat:

Are you currently taking any non-prescription medications or food supplements? Yes \_\_\_ No \_\_\_  
If so, please list each medication/supplement and daily dosage:

Smoking will not be allowed at this retreat.

Do you agree to abstain from smoking during this retreat? 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 agree to abstain from using alcohol during this retreat? Yes\_\_\_No\_\_

Do you currently use any recreational drugs (e.g. marijuana, cocaine, ecstasy?) Yes\_\_\_No\_\_

If so, do you agree to abstain from using all recreational drugs during this retreat? Yes\_\_\_No

**DIETARY NOTICE:**

A simple, balanced vegetarian diet will be offered. Our capacity to accommodate customized diets is very limited. In accordance with the monastic tradition, a light breakfast will be offered, then the main daily vegetarian meal will be eaten before noon, and there will be no evening meal.

Do you have any specific medical needs (e.g. diabetes, snoring, etc.) or specific food allergies that would not be provided for in our diet? Yes\_\_\_No\_\_

If so, please specify:

**CURRENT SPEICAL CIRCUMSTANCES:**

Describe any present circumstances creating additional stress for you that may make meditation more difficult (e.g. recent loss of a loved one or job, illness, fasting, etc.):

*The retreat will follow a format that is somewhat different form the "typical" meditation retreat. We, together, will create a monastic environment -- maintaining noble silence, following the Eight Precepts, taking only what is offered, and keeping or contact with the "outside world" to a bare minimum (i.e. serious emergencies only). Our meditation periods may be on hour or more in duration, and each participant will need to be at ease with both silence and long periods of solitude.*

Would this environment be problematic for you? Yes\_\_\_\_\_No\_\_\_\_\_

**BY SIGNING MY NAME BELOW, I (PRINT NAME) \_\_\_\_\_  
CONFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL  
INFORM THE CONTACT PERSON LISTED BELOW:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Contact Person:  
Miami 2007 Retreat Committee, c/o Kuanghsi Wu  
12815 SW 119 Terrace, Miami, FL 33186  
anasati@bellsouth.net