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# Registration for the Summer Intensive Meditation Retreat with LAMA SURYA DAS

July 24 to August 2, 2009  
Garrison Institute, Garrison, New York



Dzogchen Center

## General Information (Please print legibly)

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

\_\_\_\_\_

Phone Day \_\_\_\_\_  Preferred

Evening \_\_\_\_\_  Preferred

Email \_\_\_\_\_

Occupation \_\_\_\_\_

## Reservation (Select a room)

- \$1295 Private room
- \$1095 One roommate—chosen by applicant
- \$995 One roommate—not chosen by applicant
- \$795 Dorm – two to three roommates

## Deposit or full payment is enclosed

- \$400 deposit or  Full registration fee

*Deposits, minus a \$50 processing fee, are fully refundable until June 24, 2009; After this date, the deposit is non-refundable, but can be applied, minus \$100, toward any of the next four Dzogchen Center Intensive Retreats.*

## Form of payment (in US dollars only)

- Check or money order

VISA  MasterCard Account Number \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Expiration Date \_\_\_\_\_



**Practice and Retreat Experience**

If you have participated in other Dzogchen Foundation retreats, please indicate those below:

\_\_\_\_\_

If not, please provide a brief summary of your practice and retreat experience:

\_\_\_\_\_

\_\_\_\_\_

**Health/Special Needs or Requests** (Please answer all questions carefully and completely)

Do you have any current medical difficulties of which we should be aware?  Yes  No If yes, please specify

\_\_\_\_\_

Are you currently taking any medication?  Yes  No If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Have you had any major difficulties in previous retreats?  Yes  No If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Are you in therapy?  Yes  No (If yes, please be sure to discuss your intention to do this retreat with your therapist.)

Please list any other special needs or requests. \_\_\_\_\_

\_\_\_\_\_

Any other comments? \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Day \_\_\_\_\_

Evening \_\_\_\_\_

**Thank you for your registration**

Please Sign \_\_\_\_\_ Date \_\_\_\_\_

We will confirm your reservation and provide additional information upon receiving this form. Please fax or return this form, with your deposit to:

**Dzogchen Center Retreats  
c/o John Dean  
PO Box 10294  
Rochester, NY 14610 USA**

**Fax: 585-288-3656**