



TECHO VIPASSANA APPLICATION

"To apply for a course you must read Rule & Registration carefully."

Location :- Techovipassanasatan Kaeng-Khoi, Saraburi
 Saeng Dhamma Bhodhiyan Hatyai, Songkhla

(Only applicable for 21-70 yrs)

To..... (Only for officer)

Course Date Between.....to..... New Alumni

First Name (Mr./ Mrs./ Miss)Last Name.....Nickname.....

Date of Birth.....AgeYears, Degree..... Occupation.....

Work Place.....Work Contact.....

Marital Status Single Married Divorced Widow Number of Children.....

Address.....

Province/State.....Postcode..... Email :

Home Contact.....Mobile Phone.....

Father's Name.....Mother's Name.....

Emergency Contact Person (Must provide both)

1.....Relationship.....Phone.....

2.....Relationship.....Phone.....

1. Do you have any mental, health or family issue?.....

2. What is your course taking expectation?

3. How do you get information about this course? (If be a person, please provide their name and relationship).....

4. What is your goal of practicing Techo Vipassana?.....

5. Have you ever practice meditation before? If so, please describe.

Transportation By your own Travel back and forth with foundation's van (at some cost).

I have read and agree to all terms and conditions.

Signature.....

(.....)

Date.....