

Asheville Insight Meditation Retreat, DEC 3-6, 2015

REGISTRATION FORM

Name: _____ Gender: _____
Address: _____
Telephone: _____ Email: _____

If not already subscribed, would you like to receive Asheville Insight Meditation's newsletter to stay abreast of upcoming events, talks, social gatherings, and retreats? Yes _____ No _____

If you would like to contribute to the AIM Scholarship Fund, please enter the amount in the Registration Payment box below.

Approximately how many *silent* retreats have you attended? **Vipassana:** None _____, 1-5 _____, 6-10 _____, 10+ _____ **Other:** None _____, 1-5 _____, 6-10 _____, 10+ _____

Do you have a daily meditation practice? Please describe. *(Place extra information on a separate page)* _____

Please indicate if you know yourself to be a snorer. (Beds are dormitory style in several small rooms. Every attempt will be made to accommodate those who snore and don't snore.)

Yes I snore No I don't normally snore

Registration Payment

\$ _____ **Early bird fee** (shared room) \$315 Total -or- \$ 165.00 Deposit now (*before November 1st*)
+ \$150.00 Due at Registration

-or-

\$ _____ **Regular fee** (shared room) \$400 Total -or- \$ 200.00 Deposit now (*November 1st or after*)
+ \$200.00 Due at Registration

\$ _____ **Scholarship fund** *Optional, but will help others attend who cannot afford the full price*

****Note**** Prama Inst. will supply a bottom sheet, pillow and pillowcase for your bed. Guests can pay an optional extra \$10 and receive full linens; bottom sheet, pillow, pillow case, top sheet, blanket, bed spread, towel, and wash cloth, or you can bring your own.

\$ _____ **Blanket & Towels** \$10 Full linens; bottom sheet, pillow, pillow case, top sheet, blanket, bed spread, towel, and wash cloth.

\$ _____ **Total Paid**

Option #1 Complete online registration form and pay at www.ashevillemediation.com/retreats

Option #2 By Check, Credit Card, or Cash

(Circle One) Visa Master Card Discover

Credit Card #: _____ Expiration Date: _____

Make check made payable to Asheville Insight Meditation, or A.I.M and mail to Asheville Insight Meditation, Attn: Retreat Coordinator, 29 Ravenscroft Drive, Suite 200, Asheville, NC 28801. If you prefer you can leave the form and check in the dana box. If you pay your registration by cash, please give it directly to the Retreat Coordinator, Kate Freeman.

*****PLEASE SEE OTHER SIDE TO COMPLETE THIS FORM*****

Food Request

Gluten Free _____ Vegan _____ Meals provided are vegetarian. Please specify any other food sensitivities/requests _____

I understand that I will be expected to uphold "noble silence" during the retreat. I also realize that continued meditation practice can be emotionally and physically challenging and that to the best of my knowledge, I am able and in sound enough mind and body to complete the weekend's festivities.

I also agree to hold Asheville Insight Meditation, Inc., their instructors, and representatives harmless for any difficulties I may incur as the result of participating in this event.

Participant's Signature