



OTTAWA BUDDHIST SOCIETY
Theravada Buddhism in Ottawa

RETREAT REGISTRATION FORM

A Non-Residential Meditation Retreat with Ajahn
Punnadhammo
June 3-4, 2017

First Name: _____ **Last Name:** _____

Date: _____ **I identify as a (gender)** _____

Address: _____ **City:** _____ **Province:** _____

Postal Code: _____ **E-mail:** _____

Phone number: _____

Emergency contact person and relationship: _____

Emergency contact person's phone number: _____

Do you have any health issues or special needs that we should know about?

Please tell us something about your meditation/retreat experience (how long/which teacher(s)/group(s)/tradition(s))

Are you a member of OBS? _____

**Mail this form with your payment to \$40 for OBS members, \$45 for non members to
OBS Retreat Registrar, 71 Sunnycrest Dr., Ottawa ON K2E5Y6**

Please make cheques payable to the **Ottawa Buddhist Society** and write on your cheque:
"Ajahn Punnadhammo June 2017 Retreat"