

Registration Form for Mindfulness Practice in the Buddhist Tradition

A training for Mental Health Clinicians (other interested parties may also attend)

Application Form

NAME: _____

ADDRESS: _____

PHONE H: _____

MOBILE: _____

ORGANISATION: _____

PAYMENT OPTIONS:

COST \$710

CHEQUE: ___ YES Please send cheque and application to:
KYLBC 348 Severin Street, Cairns 4870

DIRECT DEPOSIT: ___ YES please email this form to kylbc@yahoo.com.au
Direct Deposit details, Bendigo Bank, Account Name Khacho Yulo Ling Buddhist
Centre, BSB: 633 000, Account No: 123022832
In the reference box please put **your name and TL Workshop.**

Bookings and payment by August 7 (A payment plan can be worked out if
necessary please contact Rinchen on 40415556)

ALL RECEIPTS WILL BE HANDED OUT AT THE WORKSHOP

Thank you for your support and making this event possible