

THE PATH OF AWAKENING

Insight /Vipassana Meditation Retreat

March 30th-April 4th 2017

with Ellen Davison



Thank you for your inquiry and interest about the 'Path of Awakening' retreat.

This retreat offers an ideal opportunity for established meditators to deepen their practice. Those new to meditation can experience a valuable but gentle introduction to silent meditation and the Dharma teachings in a welcoming supportive environment.

The retreat program consists of sitting, walking and guided meditation. Meditation instructions, group and individual meetings with the teachers, mindfulness work periods, evening Dharma talks, and optional Yoga/exercise periods are also included. Three delicious vegetarian meals are provided each day.

Sangsurya (www.sangsurya.com.au) is situated on a tree lined ridge on the outskirts of Byron Bay. The property overlooks Tallow Beach with easterly views of the Pacific Ocean.

For further retreat information please contact Jen on (02) 6688 6366, or by email:

cycad5(at)iprimus.com.au Replace (at) with @.

Bookings:

Complete the attached Registration Form and return by email to: cycad5(at)iprimus.com.au. Your full payment or deposit will need to be received before your registration can be confirmed. Please see below for payment options.

After receipt of your registration and payment your booking will be confirmed plus further information eg. travel directions, what to bring etc. Your receipt will be issued when you check in on the 30th March.

Should the course be full you will be notified and your name will be placed on a waiting list. You will be contacted if a place becomes available. Early registration and payment is strongly encouraged, as places are limited.

Etiquette on Retreat:

The majority of the retreat will be conducted in silence. Participants are requested to observe the Five Precepts and to take up the practices of:

1. Cultivating kindness and refraining from harmful actions.
2. Cultivating appreciation and generosity with possessions and refraining from taking what is not offered.
3. Cultivating inner joy and contentment and refraining from sexual expression.
4. Cultivating truthful and appropriate communication and refraining from speech that distorts or is damaging.
5. Cultivating clarity and refraining from habits that create dullness or heedlessness.

Dana:

Following tradition and in recognition of the priceless nature of the spiritual teachings, teachers receive no payments but offer their teachings as a gift. Teachers take time out of their busy lives to conduct retreats and in recognition of their generosity there will be an opportunity for participants to make a donation of support and appreciation to the teacher (dana).

Retreat Fees:

All rooms (\$485pp) are shared accommodation. There are a small number of private rooms with ensuite for an extra \$50 (\$10/night). There are a few individual camping sites (\$300)

Payment Methods:

Please Note: If you have made a direct debit payment to KYMC for a retreat in the past, this is a new account number.

- Cheque, money order – made payable to '**Kuan Yin Meditation Centre**' and posted to:
Kuan Yin Meditation Centre, PO Box 516, Lismore, 2480
- Direct deposit/bank transfer to:
BSB: 637-000
Account Name: Kuan Yin Meditation Centre – Retreat Account
Account Number: 719873219
Reference: 'your **surname** plus Ell'
When paying by direct deposit please use your surname plus 'Ell' as above so we can link your registration and payment

Note: There is a Cancellation fee of \$50.00

Registration Form – ‘The Path of Awakening’ Retreat

30th March – 4th April 2017

Section 1:

Personal Details:

Name:		Gender:	
Address:			
Email:			
Phone:	Mobile:	Home:	

Contacts in case of emergency during the retreat:

Name:		
Relationship:		
Phone contact:		

Special Requirements:

Dietary:	
Other needs:	
Do you have sleep issues that may disturb others?	

Transport:

Vehicle registration number:			
Can you offer a lift?	<u>One way/ return:</u>	<u>No. of people:</u>	<u>From:</u>
Would you like a lift?	<u>One way/ return:</u>	<u>No. of people:</u>	<u>From:</u>

How will you be paying?

Cheque	Money order	Direct deposit	Reference Name
\$	\$	\$	

Note: Reasonable attempts will be made to meet special requirements & lift requests

•

Section 2:

Participant confidential information

- By completing this section you are providing background information for teachers only.

Name:		Gender:	Age:
--------------	--	----------------	-------------

Life situation and/or occupation:

--

Current Meditation Practice (if any):

--

Previous courses with teacher(s) in the Insight tradition

--

Previous Retreats / meditation practice:

Tradition	Teacher	Year	Length

Current Issues that may make meditation difficult for you at this time:

Physical	
Mental / Emotional	
Spiritual	

Many meditators are on a healing journey. On meditation retreats individuals may experience strong physical and psychological states. Please answer all the following questions so we can care for you appropriately.

Do you have any current or previous:

Drug (including alcohol) abuse or addiction issues	Yes/No	Past	Current
Diagnosis or treatment of a mental illness (psychological or psychiatric)	Yes/No	Past	Current
Medical conditions that could require attention during the retreat, or would affect your participation on the retreat.	Yes/No	Past	Current

If you answered “Yes” above please give further information about your conditions:

Are your symptoms currently well controlled?	Yes/ No
Do you currently drink alcohol on a regular basis?	Yes/ No
If so, have you ever had any problems abruptly stopping alcohol usage?	Yes/ No
Do you currently use recreational drugs (e.g. marijuana, amphetamine, ecstasy)?	Yes/ No
If so, are you able to abstain from all recreational drugs during your retreat?	Yes/ No
Any condition that might interfere with sitting and walking meditation?	Yes/ No
Any limitations that prevent you from participating in the daily work period?	Yes/ No
Have you ever made a serious attempt at taking your life?	Yes/ No
Do you have a history of emotional instability during intensive meditation retreats?	Yes/ No
How do you assess your current ability to work with emotional swings?	

By signing my name below, I confirm that all of the above information is correct to the best of my knowledge. I will inform the teacher/manager of any change in my circumstances.

Name (please print): _____ **Signature:** _____