

BOSTON MEDITATION  
center

Cultivating Wisdom & Kindness in the Insight Tradition

**Autumn Insight Meditation Retreat**  
October 25–28, 2018 (3 nights)  
Angels' Rest Retreat Center  
Leyden, MA

Cost is Base: \$390; Full Tuition: \$440; Sustaining: \$490; Camping: \$330 - plus donation (*dana*) to the staff at the end of the retreat.  
All rooms will be shared with each room and its occupants sharing their own bathroom.

Any amount you'd like to contribute above the full tuition fee will help support a scholarship fund for those who cannot afford the retreat.

**A minimum deposit of \$200 is required to register, and full payment is due October 12, 2018** (two weeks before the start of the retreat).  
**The deadline to apply for a scholarship is October 1.** Please note, the scholarship application is a separate form.

By applying to this retreat, you are agreeing to attend the entire retreat and will arrive on the day the retreat opens, Thursday, October 25, between 3 and 5 p.m. You are also agreeing to pay the following cancellation fees:

Before September 14: \$25  
September 14 – September 27: \$125  
September 28 – October 12: \$200

No refunds after the end of the day on Friday, October 12.

**If you are paying electronically, via PayPal, you may complete this form on your computer with a digital signature and email it to [info@bostonmeditationcenter.org](mailto:info@bostonmeditationcenter.org)**

Otherwise, you must print, sign, and photograph it or scan it and email it to [info@bostonmeditationcenter.org](mailto:info@bostonmeditationcenter.org) or mail it. More information is included on the payment form below.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How do you identify your gender? \_\_\_\_\_

For room assignments, which best suits your gender? Female \_\_\_ Male \_\_\_ All-Gender \_\_\_

Do you snore loudly? Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_ ( we will use your email for all communications)

Dietary Restrictions - please circle: Dairy-free | Wheat-free | Vegan | Other: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*You will be emailed a separate Interview Sheet regarding meditation/retreat history as well as physical and mental health matters\**

## Payment Form

**Registration Fee:** Sustaining: \$490;  
Full Tuition: \$440;  
Base: \$390;  
Camping \$330.

The fee covers room and board only; none of it goes to the BMC teacher(s) or staff, who generously offer their time for this retreat. There will be an opportunity at the end of the retreat to offer *dana* (generosity) in the form of an additional contribution to them.

### Payment Options:

PayPal— send payment to [info@bostonmeditationcenter.org](mailto:info@bostonmeditationcenter.org)

Check—payable to **Boston Meditation Center**. (Mailing address on last page.)

Amount (PayPal or check): \$\_\_\_\_\_.

If sending a \$200 deposit rather than the full amount, you agree to send the rest of the payment no later than October 12, 2018. (If you apply for and receive a scholarship, your balance will be reduced by the amount of the award.)

Credit Card (Visa, Mastercard, Discover, and Amex accepted)

### I authorize Boston Meditation Center to charge my credit card as follows:

- I'd like to pay in full for my retreat now; please charge \$\_\_\_\_\_.
- I would like to pay the minimum deposit of \$200 to register, and I authorize Boston Meditation Center to charge the balance of \$\_\_\_\_\_ to my credit card on October 12, 2018 (two weeks before retreat). (If you apply for and receive a scholarship, your balance will be reduced by the amount of the award.)
- I am applying for a scholarship; I am submitting my scholarship form along with this registration form. Scholarship applications are due by October 1st.
- Scholarship Donation:** I would like to make a tax-deductible donation to the scholarship fund in the amount of \$\_\_\_\_\_. (This will be charged to your credit card at the same time as your deposit/registration fee, but accounted for separately.)

Credit Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ V Code: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date : \_\_\_\_\_

## Waiver of Liability

### Boston Meditation Center

I acknowledge that I have voluntarily applied to participate in the Autumn Insight Meditation Retreat offered by Boston Meditation Center (BMC), from October 25 to October 28, 2018, to be held at Angels' Rest Retreat Center located in Leyden, MA.

I realize that all activities at BMC retreats are voluntary and entirely at my discretion. I am also aware that this retreat will take place in a rural setting and that there may be risks involved moving around the area. I hereby assume all risks of injury to me and my property that may be sustained in connection with activities undertaken while at this retreat.

I am also aware that this is a silent meditation retreat and participants may experience intense psychological, spiritual, and/or physical states of mind and body arising from the meditation and associated retreat activities. I am voluntarily participating in these activities with full knowledge of the risks involved.

I have read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Boston Meditation Center.

Name (*please print legibly*) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send these forms with your payment to:

BMC Retreat  
c/o Lia Houk  
P.O. Box 409  
Henniker, NH 03242

If paying by PayPal, you may email these forms to [info@bostonmeditationcenter.org](mailto:info@bostonmeditationcenter.org)

Please direct questions to Lia at [info@bostonmeditationcenter.org](mailto:info@bostonmeditationcenter.org)

[www.bostonmeditationcenter.org](http://www.bostonmeditationcenter.org)