Application to Receive the Five Mindfulness Trainings

Name	Phone
Full Address	
Birthdate (d/m/y)	Gender
Which of the Trainings would you like to receive? (You can choose all of them or particular ones. You are encouraged to take all five).	
All Five FirstSecond	Third Fourth Fifth
Would you like to receive a Dharma Name to encourage you in the practice? Yes No	
Here are my aspiration and commitments (continue on back if needed):	
Application received by whom?	Dharma name given:
Date and place received?	Certificate handed / sent (d/m/y):
By whom?	By whom? Other information:
In name of : Location of Transmission:	