

THE BUDDHA OF COMPASSION SOCIETY

2009 winter program

REGISTRATION FORM

(Please Print or send attach through e-mail)

ATTENDEE'S INFORMATION

Last name:		First Name:		Middle Name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
						<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?			Age Range: <input type="checkbox"/> Under 12 <input type="checkbox"/> 12-17 <input type="checkbox"/> 17-25 <input type="checkbox"/> 25-45 <input type="checkbox"/> 45-65 <input type="checkbox"/> Over 65			
Street address:						Home phone #: ()	
City:		State:		ZIP Code:		Country:	
Email address:						Work / Cell phone # ()	
IN CASE OF EMERGENCY, IF CAPABLE							
Friend or relative to contact in an emergency:		Relationship:		Home phone # ()		Work / Cell phone # ()	

WHAT IS PRACTICES PLAN?

Please let us know your plan for Practices, Teachings and Empowerments;

Signature:

E-mail: buddha_compassion@yahoo.ca

**Mail to: Buddha of Compassion Society,
908-7360 Elmbridge Way,
Richmond, B.C. V6X 0A5 CANADA**