



ONE DAY RETREAT



MEDITATION, BUDDHISM STUDY & LUNCH

P E A C E ■ T R A N Q U I L I T Y ■ H O P E ■ F A I T H

WHEN: 19th Feb 12th Mar 2nd Apr 14th May 18th Jun
 30th Jul 10th Sep 8th Oct 5th Nov

WHERE: MEET AT INFORMATION CENTRE *Third floor left hand side

TIME: 9:30AM ~ 4PM

COST: \$80.00

This retreat is an opportunity for a short escape. It will give you perspective and will allow you to refocus. Learn the basics of Buddhism if only out of interest; or to adapt the Buddhist teachings to your daily life. Buddhism study will open your mind to new ideals and will give you the tools necessary to find your inner self.

Spend a day in total relaxation, free your mind of negative thoughts, and free your spirit for cultivation.

Noble Silence: Noble Silence should be observed throughout the retreat in order to experience the richness and benefits that it brings. Noble Silence means no talking or non-verbal communication, except in emergencies or discussion times with the Reverend/Teacher. The practice of Noble Silence assists us in clearing the clutter within our minds, creating a calm environment, and is an essential foundation for the powerful inner work our meditation retreats facilitate.

This program is suitable for all, regardless of background and experience.

For further information please contact us:

Nan Tien Temple

180 Berkeley Rd, Berkeley NSW 2506

PO Box 1336

UNANDERRA NSW 2526

Ph: (02) 4272 0600

Fax: (02) 4272 0601

Email: info@nantien.org.au

Web: www.nantien.org.au

Terms and Conditions 1. Prices are GST inclusive 2. Effective 21st August 2019. 3. Prices and dates are subject to change without notice 4. Cancellation of the retreat due to unforeseen circumstances may occur, however, in this instance, you may opt for a refund, or you may postpone.

One Day Retreat Application Form

Program Dates: 2022 Please tick your choice.

- 19th Feb 12th Mar 2nd Apr 14th May 18th Jun
 30th Jul 10th Sep 8th Oct 5th Nov

First Name: _____ Surname: _____ DOB: ____/____/____

Address: _____ Suburb: _____

State: _____ Postcode: _____ Occupation: _____

Tel/Mobile: _____ Email: _____

Health Conditions (including food allergies, mental health etc):

Health Concerns

The activities included in this retreat will have proven benefits to your physical and mental health. However, if you have any health problems which may interfere with your comfort in these activities, please let us know. Also, if you have any food allergies, please inform us so we can arrange alternative meals to cater for your needs. You take full responsibility and liability for your own health and safety, including any accidents, during the retreat.

No slip on shoes or thongs to be worn within the Temple grounds at any time. Socks and covered shoes are essential.

Payment and Refund Policy

Full Payment must be received within 14 days of lodging the application form and no later than one week prior to the Retreat date; failure to forward payment might result in the loss of the booking. Refunds will incur a **\$10** administration fee. If a cancellation is made less than 7 days prior to the retreat, the full amount is non-refundable. Participants are only allowed one postponement (change of Retreat date) free of charge. No subsequent postponement will be accepted.

Privacy Policy

The information being sought in this form is collected for the purposes of processing your application. The information may be accessed and used by people employed or engaged by the Temple or its interrelated organisations in accordance with the Nan Tien Temple Privacy Policy. Please visit <http://www.nantien.org.au/app/application/view/policy.php> for more information.

Media Policy Agreement

By ticking 'I agree', this indicates that you give us consent to use your photographs, images, video, or audio recordings of the classes and activities during the event for temple records, website and future publications **I agree**

Signature: _____ Date: ____/____/____

Payment Options:

- Credit Card** By Phone or fill in details below **Cheque or Money Order** (Payable to 'IBAA Incorporated') **Cash**

Please tick: Master Card  Visa 

Card No: _____ Expiry Date _____

Name on Card _____ (please print clearly)

Amount _____ Signature of Cardholder _____

Office Use Only

Fee Paid: Yes, Amount: \$ _____ Handled by: _____ Date: / /

No