

**SEVEN DAY SILENT RETREAT
12 – 19 MAY 2012
AMMERDOWN CENTRE, Nr BATH**



PLEASE PRINT CLEARLY

| | | |
|---------------------------|------------|----------------|
| Surname..... | Title..... | M / F |
| First name..... | | |
| Address..... | | |
| | | |
| | | Post Code..... |
| Telephone..... Email..... | | |

| |
|--|
| Please give name and contact details of your next of kin |
| Name..... |
| Telephone..... |

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|---|
| It would be helpful if you could tell us how much previous mindfulness experience you have had: |
| |

| | |
|-------------------------------------|--------------------------------------|
| Please tick dietary requirements: | Please add £5 per day for: |
| Vegetarian <input type="checkbox"/> | Vegan <input type="checkbox"/> |
| | Dairy Free <input type="checkbox"/> |
| | Gluten Free <input type="checkbox"/> |
| | Wheat Free <input type="checkbox"/> |

| | | | | |
|----------------|------|--------------------------|-----------------|-------------------------------|
| Room required: | | | | |
| Full en-suite | £795 | <input type="checkbox"/> | Shared bathroom | £750 <input type="checkbox"/> |

Please contact us if you have any mobility problems which may affect your participation in the retreat

omcadmin@psych.ox.ac.uk



+44 (0) 1865 613141

Send your completed form, together with cheque payable to the Oxford Mindfulness Centre, to:

Bookings Secretary: Ammerdown Retreats
Oxford Mindfulness Centre
c/o Oxford University Department of Psychiatry
Warneford Hospital
Oxford OX3 7JX

Cancellation policy

Cancellations prior to 31 March 2012 will be refunded minus a charge of 15% to cover administration costs. We regret that cancellations after that date cannot be refunded.