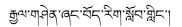


Last Name:

GYALSHEN INSTITUTE

for the Study of Zhang Zhung and Tibetan Culture, Inc.



DZOGCHEN TRANSMISSION AND FIVE ELEMENTS PRACTICE RETREAT WITH CHAPHUR RINPOCHE

REGISTRATION FORM

First Name:

Street Address: City: Phone:		State:	Zip:
Gender:	(we ask to assist in roon	n assignments at	the retreat facility)
Room: Single Double (double size beds are limited and reserved for couples) Roommate name, if applicable:			
Dietary Preferenc	e: Non-Vegetarian	Vegetarian	Vegan
Dietary Allergies: (ie rash/hives/need Epi-Pen)			
Dietary Restrictions: (ie gluten-free/lactose intolerant)			
Physical Limitations:			
Please comment on anything else you believe would be helpful for us to know in arranging accommodation at the retreat location.			
If you have any q	uestions or other needs, p	olease contact Ch	neri Brady at cheribrady@aol.com