



GYALSHEN INSTITUTE

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

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DZOGCHEN TRANSMISSION AND FIVE ELEMENTS PRACTICE RETREAT WITH CHAPHUR RINPOCHE

REGISTRATION FORM

Last Name:

First Name:

Street Address:

City:

State:

Zip:

Phone:

Gender: (we ask to assist in room assignments at the retreat facility)

Room: Single Double (double size beds are limited and reserved for couples)

Roommate name, if applicable:

Dietary Preference: 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 questions or other needs, please contact Cheri Brady at cheribrady@aol.com

Thank you for your support of Gyalshen Institute