



**PARTICIPANTS INFORMATION FORM  
CONFIDENTIAL**

**Therapists Retreat with Gregory Kramer  
19th to 23rd March 2009 at  
St Joseph's Centre, Baulkham Hills, NSW**

Title: ..... Full Name: .....

Address / PO Box: .....

Suburb: ..... Postcode: .....

Home phone: (.....) ..... Mobile: .....

Work phone: (.....) ..... Occupation: .....

Email: .....

AABCAP Member     Non-Member     Student

**Emergency Contact**

Name: ..... Phone: .....

**Meditation Practices**

Do you have a regular meditation practice?     No     Yes

Have you attended a meditation retreat before?     No     Yes

**Health Details**

Any food allergies or special dietary requirements:

.....

Other special needs you may have?

.....

**Transportation**

Do you need a lift to and/or from Baulkham Hills?     No     Yes

If so from/to where? .....

Can you offer a lift to another participant to Baulkham Hills?     No     Yes