



**REGISTRATION REQUEST FORM
TRADITIONAL 3 YEARS RETREAT
URGYEN CHÖLING MONASTERY (BHUTAN)
UNDER THE GUIDANCE OF H.E. GANGTENG TULKU RINPOCHE**

To complete and send back 6 months before the beginning of the retreat for approval

INFORMATIONS

Name : Firstname :

Address :

Zip code : City :

State : Country :

Phone n° : Mobile phone :

Fax n° : Email :

PERSONALS

Nationality : Passport n° :

Birth date : Family situation :

Number of children : Age of children :

HEALTH / FOOD

Are you vegetarian ?

Are you smoker ?

Do you have a physical disability ?

Current medical treatments :

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SPIRITUAL PATH

Thank you to kindly briefly summarize your spiritual path (are you a student of Gangteng Tulku Rinpoche, if yes from how many years, if not what is or what are your masters, how long do you practice Buddhism, have you already made one or several retreats (places, durations), what are the empowerments and teachings cycles received...etc) :

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Place :

Signature :

Documents required :

- 1 ID photo
- 1 copy of the first 4 pages of your passport with an expiry date of 6 months after the end date of the retreat
- A medical certificate from your doctor (physical and mental)
- A list of persons to contact if needed (names, firstnames, relationship, phone numbers)