

# THE BUDDHA OF COMPASSION SOCIETY

2009 winter program

## REGISTRATION FORM

(Please Print or send attach through e-mail)

### ATTENDEE'S INFORMATION

Last name:		First Name:		Middle Name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss
						<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?			Age Range: <input type="checkbox"/> Under 12 <input type="checkbox"/> 12-17 <input type="checkbox"/> 17-25 <input type="checkbox"/> 25-45 <input type="checkbox"/> 45-65 <input type="checkbox"/> Over 65			
Street address:						Home phone #: (    )	
City:		State:		ZIP Code:		Country:	
Email address:						Work / Cell phone # (    )	
<b>IN CASE OF EMERGENCY, IF CAPABLE</b>							
Friend or relative to contact in an emergency:		Relationship:		Home phone # (    )		Work / Cell phone # (    )	

### WHAT IS PRACTICES PLAN?

Please let us know your plan for Practices, Teachings and Empowerments;

Signature:

**E-mail: [buddha\\_compassion@yahoo.ca](mailto:buddha_compassion@yahoo.ca)**

**Mail to: Buddha of Compassion Society,  
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