



Insight Meditation Center of Pioneer Valley Course and Retreat Pre-registration Form

Please complete one form per person pre-registering and return this form to The Insight PV Registrar at the address below. Please print clearly and keep a copy for your records. Thank you!

YOU

Name: _____
Last First Middle (Initial)

Address Line 1: _____

Address Line 2: _____
Optional

Street Address Line 3: _____
City State Zip +4

Telephone 1: (____)____-____ Telephone 2: (____)____-____

Email Address: _____

COURSE or RETREAT

Teacher Name: _____

Course/Retreat Title: _____

Start date: ____/____/____ Start time: ____:____ a.m. p.m.

Payment Amount: \$_____ Method: Check No. _____ Cash

Credit Card No. _____ - _____ - _____ Security Code: _____

You will be notified by email approximately 1 week before the course is scheduled to start if there are not enough people pre-registered, so that the offering is cancelled. (For example, if your course starts anytime on Monday, September 9, and 8 students are required to run the course, the course may be cancelled if at 6 p.m. on Monday, September 2, there are only 7 students enrolled.)

Please return this form to:

Registrar
Insight Mediation Center of Pioneer Valley
Eastworks, 2nd Floor
116 Pleasant Street, Suite 242
Easthampton, MA 01027-2755

Phone: 413-527-0388
Email: registration@insightpv.org

You are welcome at Insight PV no matter your ability to pay. Please let the Registrar know if you are unable to pay the suggested donation or are able to pay only a part of it. Thank you!