# SIBA Retreat Centre

## Ngondro Teaching & Empowerment Weekend Retreat 2010

### INFORMATION

**Dates:** 6pm Fri 29th Oct to 2pm Sun 2nd Nov 2010

**Rates:**

| | |
|---|---|
| Shared room | $320 * |
| Camping | $260 * |
| Single room | $520 |
| Twin share/double room | $460 (per person) |

* *less* $50 member/concession

Note: Extra nights accommodation before or after a retreat is **$40/night**

**Accom:** Rooms are en-suite. Shared rooms have bunks and other rooms have single beds, double beds or two single beds (twin). There is an amenities block for campsites.

**Meals:** Tasty vegetarian. Please inform us of any special dietary requirements.

**Note:** Bring sheets and a pillow case. Doona and pillow are provided. You will also need warm clothing, sturdy boots, torch, toiletries, pen and paper. Meditation cushions provided.

**Venue:** **SIBA Retreat Centre**
2592 Gelantipy Rd,
W-Tree (East Gippsland), VIC, 3885.
(27 kms north of Buchan Caves)

Public transport from Melbourne, Canberra and NSW. See website for details. A map can be downloaded from the website.

## Ngondro Weekend 2010

6pm Friday 29th October to 2pm Sunday 2nd November 2010

### REGISTRATION (please fill and return this form with payment)

Name:_____

Address:_____

State: __ __ __ Postcode: __ __ __ __ Phone: (H)_____

(W/Mobile)_____Email:_____

### ACCOMMODATION (please select type by ticking box)

Shared en-suite Single Double Twin Camping Other _____

### PAYMENT

☐ I am paying **$50 non-refundable deposit**
(please send full payment by **15 Oct '10**)

☐ I am a member of SLCD/concession card holder. Please deduct **$50**
(shared rooms and camping only)

☐ I have enclosed a cheque/money order for $ _ _ _ _ _ made payable to "**SIBA**".

☐ Please debit my credit card (please tick) __ MasterCard __Visa __ Bankcard

Card Number |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Expiry Date: ____ / ____ the following AMOUNT: $ _ _ _ _ _ __

Cardholder's name:_____ Signature:_____

Notes:_____

_____

_____

Please add me to SIBA's mailing list.

**SIBA Retreat Centre** 2592 Gelantipy Rd, W Tree, VIC 3885
Ph 03 5155 0329 Fax 03 5155 0359 Email sakya@bordernet.com.au
**www.sakya.com.au/siba**

For Office Use
Receipt details
# _____
Date _____
Initials _____