



SIBA RETREAT CENTRE

SAGA DAWA NYUNG NE RETREAT

INFORMATION

Dates: 6pm Fri 21 May to 2pm Mon 7 Jun 2010

Rates: Weekend (6pm Fri 21 to 8am Mon 24 May)

Shared room **\$240 ***

Camping **\$195 ***

8 sets (6pm Fri 21 May to 8am Mon 7 Jun)

Shared room **\$480 ***

Camping **\$370 ***

* less \$30 member/concession

Rates includes all food and accommodation.

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.

SAGA DAWA NYUNG NE RETREAT

6pm Fri 21 May to 2pm Mon 7 Jun 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 Camping Other _____

PAYMENT

I am paying **\$50 non-refundable deposit**

(please send full payment by 7 May 10)

I am a member of SLCD/concession card holder. Please deduct **\$30**

(shared rooms and camping only)

I would like to take membership (\$100/yr) and register at the discounted rate

(a member ship form will be posted for to you to fill in)

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: _____

How did you hear about this retreat? (please tick box)

Web Brochure Advertisement Referral Other (specify) _____

SIBA Retreat Centre 2592 Gelantipy Rd, W Tree, VIC 3885
Ph 03 5155 0329 Fax 03 5155 0359 Email sakya@bordnet.com.au

www.sakya.com.au/siba

For Office Use

Receipt details

Date _____

Initials _____