

The Great Empowerment of Vajra Nairātmyā
by His Holiness Drikung Kyabgön Chetsang Rinpoché

Saturday August 14, 2010 - Saturday August 21, 2010
Tibetan Meditation Center, Frederick, Maryland
(Main program held at Claggett Center, 20 minutes from TMC)

REGISTRATION FORM

Name: _____

Lay or Monastic: _____

If Monastic, name of Preceptor & date of ordination:

Email: _____

Phone number(s): _____

I will be attending:

_____ the entire program (8/14-8/21). Enclosed is my payment in the amount of:

_____ \$385 (if registration received by 7/30)

_____ \$420 (if registration received by 7/31-8/10)

OR

_____ the following days (Please check the days you are attending):

_____ Saturday 8/14 - Preparatory Empowerment

_____ Sunday 8/15 - Actual Great Empowerment

_____ Monday 8/16 - Teachings on Nairātmyā Sadhana

_____ Tuesday 8/17 - Teachings on Nairātmyā Sadhana

_____ Wednesday 8/18 - Group Practice & Practical Instructions

_____ Thursday 8/19 - Group Practice & Practical Instructions

_____ Friday 8/20 - Hevajra Fulfillment Fire-puja (held at TMC)

[Note: The pre-requisite for attending the teachings, practice and fire-puja days (8/16-8/20) is the receiving of the Great Empowerment (8/14-8/15).]

Enclosed is my payment in the amount of:

_____ (\$55 per day if registration received by 7/30)

_____ (\$60 per day if registration received between 7/31-8/10)

An "Offering to the Spiritual Mentor Practice" (Lama Chöpa) & "Maṇḍala and Long-life Offering" to His Holiness will be held on **August 21** at the TMC, as a celebration of the long-life and "fulfillment of wishes" of His Holiness. No pre-registration is necessary, but we would appreciate a rough head count for the lunch we will provide.

Do you expect to attend? _____Yes _____No

Please send this form & check (made out to TMC) for the total amount or credit card information, to:

**Tibetan Meditation Center
9301 Gambrill Park Road
Frederick, MD 21702**

Your registration is not complete until you have paid. Please mail this form to arrive no later than August 10 2010.

Contact Safoura at 240.439.9431 or DrikungTMC@gmail.com if you have any questions.

If paying by credit card:

Name (as on card): _____

_____ Visa

_____ MasterCard

Number: _____

Expiration: _____

3-digit code: _____

Billing address: _____

Phone number on account: _____

Signature: _____