

**Insight Meditation Center of Newburyport
REGISTRATION FORM**

Name _____

Street Address _____

City/State/Zip _____

Email Address _____

Best phone to reach you at with questions: _____

Retreat/Course Title _____

Date of retreat/class _____ Fee enclosed _____

Is this your first time visiting IMCN? _____

Please enclose full fee. Email confirmation will be sent & you will be contacted if there are any changes.

Send to: IMCN, 443 Middle St, West Newbury, MA 01985