

**Course Title: Meditation for Beginners (May 2005) MedB12/13**

Please tick the session you want to register

Friday (7.00pm)       Saturday (2:00pm)

Dr/Mr/Mrs/Ms: \_\_\_\_\_ BF Membership No \_\_\_\_

Address: \_\_\_\_\_ S(\_\_\_\_)

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Tel: \_\_\_\_\_ Hp: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby enclose cash/cheque for S\$\_\_\_\_\_ (Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_)

Please make *cheque payable* to Brahm Education Centre Ltd and mail to No 33 Affi Eton House #06-01/03 Singapore 409180 Tel: 6745 5007 Fax: 6842 6255 Email. [enquiries@brahmec.com](mailto:enquiries@brahmec.com) Website : <http://www.brahmec.com>