Courses Application Form
For TM Retreat - Residence Course

Deduct $50 off the course fee if this is your first residence course within six months of learning the TM technique.

Please fill up this form and fax it to: 773-751-5110
Or, mail the completed form with your payment to:
Maharishi Purusha Program
1000 Purusha Place, Suite 108
Romney, WV 26757-5016

We need a recommendation from a certified Governor emailed to courses@purusha.org. If one is not available, you may get a recommendation from a non-certified Governor. We do not need a recommendation if you have attended a course in the last 6 months.

First name _____ Last name _____

Address _____ City _____

State _____ Zip _____ Country _____

Phone (home) _____ (mobile) _____

Fax _____ Email _____

Age _____ Soc. sec. # (last 4 numbers only) _____

Status: ☐ Meditator

TM instructor _____

TM course date _____

TM course location _____

Date and place of the last course attended _____

Are you in good health? ☐ Yes ☐ No

Please describes your present state of health _____

We will provide wholesome vegetarian meals. Do you have any special needs, health concerns or dietary restrictions? _____

In case of emergency please contact (name, relationship, phone number) _____

_____

Do you plan to drive or fly to the course? ☐ Drive ☐ Fly

If driving, would you like to share a ride with someone in your area? ☐ Yes ☐ No

Comments _____

_____

Course Applying For Information

Course type: ☐ Residence Course

Course dates _____ Course fee: $ _____

Payment Information

Method of payment: ☐ Personal check Make checks payable to "Maharishi Purusha Program"

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Billing address (if different) _____ City _____

State _____ Zip _____ Country _____

Credit card # _____ Expiration date _____

Name on card _____ Signature _____