



មជ្ឈមណ្ឌលវិបស្សនាមតិកម្ពុជា-កាណាដា

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No Other Bliss is Greater Than the Perfect Peace. *Dhammapada*

MEDITATION REGISTRATION FORM

First Name: _____ Last Name: _____
(Male/ Female)

Address: _____

City _____ Province _____

Phone: _____, Fax: _____

Email: _____

I register for the course begins from _____ to _____

Registration Date: _____

(Signature) _____

Name: _____
(Applicant)