



**Lotus
Meditation
Center**

Scheduling Request Form

Please complete this form and return to:

Office of International Programs
University of North Dakota
Box 7109
Grand Forks, ND 58202
(701) 777-6438

1. **Contact Person:** _____
Address: _____
Phone: (W) _____ (H) _____ E-mail _____

2. **Home base of organization/group requesting use of Lotus Meditation Center (LCM):**
(check all that apply)
 UND Campus Greater Grand Forks Grand Forks Other _____

3. **Name of organization/group, if any:** _____
Sponsor of organization/group: _____
Leader/Teacher of organization/group: _____

4. **Nature of Request:**
One-time Event: _____ Length of time for meetings: _____
On-going meetings: _____ Length of time for meetings: _____
Frequency and time of meetings: _____
Estimated length of time for use of LMC: _____

5. **Name of Leader/Teacher:** _____
Experience with the practice as a Practitioner: _____
Experience as a Leader/Teacher: _____
Other Information: _____

6. **Description of practice at meetings in LMC:** _____

Origin of practice: Tradition: _____
Lineage, if Applicable: _____
Other: _____

7. **Do you charge a fee for your events?** Yes No
If yes, amount: _____

Teachers/Leaders who do not charge for their services may use LMC without charge.
Teachers/Leaders who do charge for their services are asked to pay 20% to the Lotus Meditation Center.
Payment due prior to event.