

Zen: Seminar/Workshop, Practice, and Dai-Sesshin in Miami and Micanopy, Florida

with Jiun Hogen, Roshi

March 6-20, 2010

Jiun, Roshi will be leading practice and seminar/workshop in Miami and Dai-sesshin in Micanopy during her visit in March. Jiun, Roshi, is the Dharma successor to Gesshin Prabhasa Dharma, Zenji, the founder of the Moonheart Sangha, the International Zen Institute of Florida, and the International Zen Institute (now located in the Netherlands)

The seminar/workshop will be held at Soan and Jigen's house (Poor House), the practice at the Dharma House, and the Dai-Sesshin at Macarena Carretero's retreat facility in Micanopy.

At the Poor House

Saturday, March 6	11.00 am - 1.00 pm	seminar/workshop	A. \$25
	2.15 - 4.30 pm	seminar/workshop	B. 25
Sunday, March 7	11.00 am - 1.00 pm	seminar/workshop	C. 25
	2.15 - 4.30 pm	seminar/workshop	D. 25

The seminar/workshop includes periods of sitting meditation on chairs. Please, bring paper and pen.

At the Dharma House

Monday, March 8	8.00 - ±10.00 pm	zazen and interviews	E. \$20
8.00 zazen – kinhin – 8.35 zazen – slow kinhin- zazen (with interviews)			
Tuesday, March 9	8.00 - ±10.00 pm	zazen and 'Questions and Answers'	F. 20
8.00 zazen – kinhin – 8.35 questions and answers - zazen			

At Micanopy

Saturday, March 13 , 6 pm - Saturday March 20, 11 am (with light evening meal)	(after breakfast and cleaning up)	Dai-Sesshin	G. \$500
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Costs: A, B, C, D	\$ 25.
E, F	\$ 20.
G	\$ 500.

FOOD:

Lunch on Saturday and Sunday, March 6, 7 will be pot-luck style. Please sign-up with Jigen to have balanced meals.

INFORMATION:

Soan and Jigen Poor
Phone: (305) 252-3540
soanpoor@bellsouth.net

REGISTRATION:

Please send both pages with full payment before **March 1**.

International Zen Institute of Florida
3860 Crawford Avenue
Miami, FL 33133, U.S.A.

REGISTRATION FORM

Jiun Roshi Teaching, March 6-20, 2010

Name:.....

Address:.....

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Phone:.....

WAIVER OF LIABILITY

The participant understands and agrees that the International Zen Institute of Florida shall not be held accountable or responsible for any property damage or bodily/mental injuries received during the retreat.

Date:..... Signature.....

MEDICAL INFORMATION

Do you have any current or chronic health problems? If so, specify:

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Are you currently taking any medication? If so, what kind?

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For what reason?

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Do you need any special consideration for health reasons?

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Whom to notify in case of emergency:

Name:.....Relationship.....

Address:.....

.....Phone:.....