

The Practice of True Love

A Mindfulness Retreat
at Lutheridge, Arden (Asheville Area), NC
April 30 to May 3, 2020

With Meditation Teachers
Anh-Huong Nguyen and Thu Nguyen

True love is made of four elements: loving kindness, compassion, joy, and equanimity. If your love contains these elements, it will be healing and transforming, and it will have the element of holiness in it. True love has the power to heal and transform any situation and bring deep meaning to our lives.

During this retreat, we come together as a community to practice mindful breathing, sitting, walking, mindful movement and eating so that we can touch deeply the four elements of true love within us. The collective energy of mindfulness also helps us stop, rest and heal. The retreat's atmosphere is one of peace and quiet joy.

Retreat will mostly be in silence

\$340 per person DOUBLE occupancy if registered before Feb. 28
\$375 per person DOUBLE occupancy registered after Feb. 28

\$450 PRIVATE Room with bath before Feb. 28, \$475 after Feb. 28

COMMUTERS: \$190 before Feb. 28, \$225 after Feb. 28
(commuter is one who is driving from home or staying off campus)
Commuters are asked to be present at all events.

Donations of any amount gladly accepted for scholarships.

Handicap-accessible rooms available

**APRIL 15 CLOSING DATE FOR RETREAT REGISTRATION
NO REFUNDS AFTER APRIL 15**

\$20 cancel fee if notification of cancellation is received before April 15

INCLUDES: All meals provided are vegetarian and gluten free. Linens are included. Rooms are air conditioned and heated. A refrigerator is available in each accomodation building if one needs to bring special needs. Some rooms have a private bath, and some have shared bath.

SCHEDULE IN BRIEF:

Thursday April 30: check in-registration 4:00 to 6:45 pm.
(dinner on your own - list of restaurants will be supplied)
7 pm orientation

Daily schedule begins at 6:30 am and ends at 9:00 pm.

Sunday May 3: retreat ends at 3:00 pm.

REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City, State, Zip: _____

EMAIL: _____

PHONE: _____

Gender: Male _____ Female _____ Age _____

Preferred Roommate: _____

ALLERGIES:

Food: _____

Chemical: _____

Do you snore? _____ Can you sleep with someone that snores? _____

Would you be willing to volunteer for tasks during retreat? yes _____ no _____

Such as: meditation hall set up, wake up bells, activity bells, turn on coffee pot early morning at various times during the retreat.

Please list any special needs you have that we might accomodate in order to make this retreat a nice experience for you (sensitivities, mobility, or physical challenges, etc)

Please fill out the registration form and include your check paid in full to
MOUNTAIN MINDFULNESS RETREATS and send to:

Gary Massey
30 Owen Street
Brevard, NC 28712

Questions? Contact Emily Whittle 1-910-949-2623

Email: emilywhittle@centurylink.net

Or Susan Hales 1-407-616-3694