

Mindfulness-Based Stress Reduction (MBSR) Registration – Fall 2008

Please be sure you have read over the flyer or e-mail description of the class before registering.

Name: _____
Date of Birth: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Emergency:
Contact & Phone _____

PAYMENT: Class fee of \$350 must be paid in full at the time of registration unless we have made other arrangements. Please check the following:

Check Made payable to East Meets West Center _____ please circle:
 Credit Card # _____ VISA MASTERCARD
Exp: _____
Signature: _____



1. Please tell me a little about yourself. Briefly describe the major stressors in your life (ie. what brings you to the MBSR class at this time). Use another sheet if needed.

2. Please list the specific changes in your life that you hope will come as a result of this course.

3. Do you have anxiety, depression, a mental illness or active drug/alcohol dependency? If so, please describe and list the professional that is caring for you.

4. Are there any health conditions that would interfere with your ability to fully participate in the mindful movement/gentle yoga (stretching) portion of this course? If yes, please describe your limitations and what adaptations you might need.

Signature of Participant _____ Date: _____

Please mail this form and your check, if applicable, to:

**East Meets West Center
144 Church Street NW
Vienna, VA 22180
ATTN: MBSR Class**

Questions: (703) 585-9364