

University of Virginia Health System
Mindfulness Center Program Registration

Please Print. Information gathered will remain confidential.

First Name: _____ M.I.: _____ Last Name: _____

Street / PO Box: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____ Marital Status: _____
MM DD YY

Occupation: _____ Affiliation/Business/Organization: _____

Primary Care Physician: _____ Emergency Contact: _____
Name Phone

Dietary Restrictions: _____ Physical Limitations: _____

How Did You Hear About Us? _____

Events

Please check the event in which you wish to enroll.

Mindfulness Based Stress Reduction \$375

- Begins September 29 – November 24, 2008
[No class on October 27th]
Mondays from 6:30 to 9:00 p.m.
- Begins January 26 – March 16, 2009
Mondays from 6:30 to 9:00 p.m.
- Begins April 6 – June 1, 2009
[No class on May 25]
Mondays from 6:30 to 9:00 p.m.

Mindfulness for Physicians \$400

- Begins September 30 – November 18, 2008
Tuesdays from 6:30 to 9:00 p.m.

Mindfulness for Healthcare Professionals \$400

- Begins April 14 – June 2, 2009
Tuesdays from 6:30 to 9:00 p.m.

Payment

Payment in full must accompany registration form.

- Enclosed is my check in payment of the class or classes selected. Please make checks payable to MBSR PROGRAM.
- Please charge my MasterCard or Visa for the class or classes selected.

Amount Charged: _____

Card Number: _____

Expiration: _____

Refunds

A refund less a \$10 administrative fee will be processed if cancellation is received in writing no less than seven days prior to the initial class date.



Return Registration & Payment To

Mindfulness Center
PO Box 800901 Charlottesville, VA 22908 (434) 924-1190
www.uvaminfulnesscenter.org