Mindfulness Based Stress Management Registration Form

All information is confidential and will not be shared by the facilitator.

Pleas Date:	e print:
Name	: Name you'd like on name badge:
Addre	ss:
Email	Address:
Phone	: :
Please	e answer the following questions to help determine if this course is right for you:
1.	It is important that you make a commitment to attend all eight classes and the All Day silent retreat, and that you complete daily homework assignments. Homework will include meditation and other practices. If you think you will have any difficulty with this, please explain:
2.	What do you hope to gain from this course?
3.	Do you have any prior meditation experience? If so, please describe:

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4	4. Do y	ou anticipate any difficulty with:
	a. b. c.	Group meditation during class Yes/No One-on-one dialogues with a classmate or small group Yes/No Large group discussions Yes/No
	If yes	s, please explain:
5	5. Do y	ou have any mental, emotional or physical challenges that could interfere with
	-	participation in this course? Yes/No
	If yes	s, please explain:
	indic	answered yes to question #5, a pre-registration phone call is required. Please ate some best days/times to reach you, and the best phone number to call AM/PM on (day).
ľ	olease ema	any questions or concerns about whether or not this course is right for you, il Lori directly: lor:lorivolpe@verizon.net . Or, to discuss the course by phone, send and ing the best time to reach you and your phone number
		Thank you!
		Lori Volpe