

Mindfulness-Based Stress Reduction Workshops

Buchanan Counseling Center, Wile Hall, Suite 442, 1812 N. Capitol Ave., Indianapolis, IN 46206

Thank you for filling out these forms. We realize the personal nature of these questions. Completed forms are kept in strictest confidence.

Name:

Address:

Telephone Number:

Cell Phone Number:

Age: (Used only for demographic research information)

Referral Source: (Please check all that apply)

Physician (please give name) _____

Clarian Health Email _____

Previous Class Member (please give name) _____

Cardiac Rehab _____

MBSR brochure _____

Other _____

Session Date:

Session Location:

First Choice: _____

Second Choice: _____

Registration Procedure

Class Fee: \$200. (deposit \$100, balance paid at orientation session) Attend seven of the eight sessions and the Day of Mindfulness retreat and \$50 will be refunded.

Please complete all forms and return along with your check for \$200 if paying full fee in advance, \$100 if deposit only. Make check payable to: Buchanan Counseling Center. Cash/ credit card accepted in person at front office, Wile Hall, Suite 442, 1812 N. Capitol Av. Indianapolis, 317-962-8613.

Registration will only be accepted upon receipt of the registration form, questionnaire with a deposit or full fee.

____ I would like to receive information about the limited scholarship fund.

To Register:

Return all completed forms and payment to:
MBSR Workshops
Buchanan Counseling Center Wile Hall, Suite 442
1812 N. Capitol Ave.
Indianapolis, IN 46206