**Mindfulness Based Stress Management**

**Registration Form**

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

***Please print:***

Date:

Name: Nickname you’d like on badge:

Address:

Email Address:

Phone:

*Please 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:

Page 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you anticipate any difficulty with:

a. Group meditation during class Yes/No

b. One-on-one dialogues with a classmate or small group Yes/No

c. Large group discussions Yes/No If yes, please explain:

5. Do you have any mental, emotional or physical challenges that could interfere with your participation in this course? Yes/No If yes, please explain:

If you answered yes to question #5, a pre-registration phone call is required. Please indicate some best days/times to reach you, and the best phone number to call \_\_\_\_\_\_ AM/PM on \_\_\_\_\_\_\_\_\_\_\_\_ (day).

How did you learn about this course? \_\_\_Yoga for Living, \_\_\_Opening In, \_\_\_Web Search,

\_\_\_Friend, \_\_\_Referral from Doctor or Therapist (Optional: please provide name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you have any questions or concerns about whether this course is right for you, please email Lori at* *Lori@OpeningIn.com**. Or, to discuss the course by phone, send an email including the best time to reach you and your phone number.*

*Thank you!*

*Lori Volpe*