



At the Lotus Room Yoga Studio

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Registration Form for: (1) 8-Week Mindfulness Based Stress Reduction Programs, (2) 6-Week MBSR-Based Programs and (3) Mental Health Professional Continuing Educational Programs

Program you are registering for: _____

Program Start Date: ____/____/____

Your fee: \$ _____ On a Sliding Scale, you set your own fee, no questions asked, within the range of \$500 to \$250 (Range of \$250 to \$100 for the One-day, 10, 11 or 12 CEU Programs) (some partial scholarships available):

- 8-Week MBSR Program (20 CEUs available to Mental Health Professionals)
- 6-Week MBSR-Based Programs (16 CEUs available to Mental Health Professionals)
- 6-Week (6 sessions) Mindfulness in Psychotherapy (24 CEUs for MH Professionals)
- 6-Week (3 sessions) Mindfulness for Psychotherapists (24 CEUs for MH Professionals)
- One-Day Programs for Psychotherapists (10, 11 or 12 CEUs for MH Professionals)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-mail: _____

For CEUs: Profession _____ **FL License#** _____

Make your check to: "Steve Shealy, PhD" OR provide your Visa or MC info below:

Credit Card info: _____ exp ____/____

Emergency contact: _____ at _____-_____-_____

I want to help ensure that lack of money is not a barrier to anyone wishing to attend this program. I'm including a donation of \$_____ toward scholarships.

