

York University Psychology Clinic

Registration Form – Please Print Clearly

Mindfulness-Based Cognitive Behaviour Therapy

Fee: \$ 225.00 for 10 weeks (\$ 75.00 for students with valid ID)

(for participants with extended health coverage for psychological services, the fee should be reimbursable).

Time: Tuesdays 5:30-7:00 PM, Location: YUPC 102 BSB

Starting Tuesday October 9, 2018 (Oct. 9, 16, 23, 30, Nov. 6, 13, 20, 27, Dec. 4, 11)

Name: _____

Organization: _____

Address: _____

Student: Yes/No School: _____ Student Number: _____

Email: _____ Day Phone: _____

Method of Payment-Please note: full registration fee is due prior to start of workshop. Payment must be made by cheque or credit card (Visa or Mastercard) and must accompany the registration form. Registration by Confidential fax (416-650-8489) accepted with credit card payment only. Cheques should be payable to York University. Cancellation policy is listed on clinic's website (www.yupc.org) under Continuing Education.

I wish to pay by: Cheque Visa Mastercard

Total fee enclosed: \$ _____

Card Number _____

Expiry Date: _____

Name on Card _____

Signature: _____

Please be sure to provide email address & phone number so we can contact you in case of last minute changes.

NOTE: You will receive an email confirmation of your registration within 2 business days of its receipt.

If you do not receive this email, please contact the clinic to ensure that we have received your registration.

