## 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 1, 2019 (Oct. 8, 15, 22, 39, Nov. 5, 12, 19, 26, Dec. 3)

Name:				
Organization:		_		
Address:		_		
Student: Yes/No School:		Student Number:		
Email: Day P		hone:		
by credit card (Visa or Masterca (416-650-8489) accepted with c	ard) and must accorredit card payment	ee is due prior to start of workshop. Payment must be ma mpany the registration form. Registration by Confidentia t only. ww.yupc.org) under Continuing Education.		
I wish to pay by:	Visa	Mastercard		
Total fee enclosed: \$				
Card Number				
Expiry Date:				
Name on Card				
Signature:				
NOTE: You will receive an en	nail confirmation you do not receiv	re this email, please contact the clinic $I \cup R R$	es.	



FACULTY OF HEALTH PSYCHOLOGY CLINIC