York University Psychology Clinic

Registration Form – Please Print Clearly

Signature:

Mindfulness-Based Cognitive Behaviour Therapy

Fee: \$ 225.00 for 8 weeks (\$ 60.00 for students with valid ID) (for participants with extended health coverage for psychological services, the fee should be reimbursable).

Meeting on Tues (February 4, 11, 18, 25 a Time: Tuesdays Location: YUPC	and March 3, 10, 5:30-7:00 P	,	20 for 8 weeks	
Name:				
Organization:				
Address:				
Student: Yes/ <u>No</u> School:		Stu	udent Number:	
Email: Day Pho		Day Phone:	ne:	
by cheque or credit of Confidential fax (41	card (Visa or N 6-650-8489) a	Aastercard) and must acc	ue prior to start of workshop. Payment must be mad ccompany the registration form. Registration by rd payment only. Cancellation policy is listed on ation.	le
I wish to pay by:	Cash	Visa	Mastercard	
Total fee enclosed: S	5	-		
Expiry Date:				

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.

