## York University Psychology Clinic

Registration Form – Please Print Clearly

## **Mindfulness-Based Cognitive Behaviour Therapy**

Fee: \$ 200.00 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 Tuesdays starting October 19, 2021 for 8 weeks

(Oct. 19 and 26, Nov. 2, 9, 16, 23, 30 and Dec. 7.)

Time: Tuesdays 5:30-7:00 PM

**Location: ONLINE** 

Name:			
Organization:			
Address:			
Student: Yes	No	Student Number	:
Email:		Day Phone:	
			essed after the first group session. Payment must be registration form. Registration by email
I wish to pay by:	Visa	Masterca	ard
Total fee enclosed:	\$		
Card Number: We will send you a	confirmation and a	(Please fi sk for the remaining nu	ill in only 8 digits) umbers in a separate email
Expiry Date:			_
Name on Card:			
Signature:			<u> </u>

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 e-mail confirmation of your registration within 2 business days of its receipt if registered by email. If you do not receive this e-mail, please contact the clinic to ensure that we have received your registration.

FACULTY OF HEALTH PSYCHOLOGY CLINIC