

Registration Form

**Advance your Mindfulness Skills with a Retreat
Mindfulness Skills for Behavioral Health Professionals (and others)
6 CEUs for MN Psychologists and Social Workers
Friday, July 26, 2019, 8:30 am – 4:00 pm**

Today's Date: _____

Name: _____

Licensure, if applicable: _____

Organization/Agency: _____

Email: _____

Preferred Phone: _____

Land Address: _____

City, State, Zip: _____

Please tell us a bit about how you use mindfulness in your professional life (or how you

hope to) : _____

What would you like to get out of this experience? _____

Have you attended the 8 -week MBSR series, and if so, when and where? _____

Other MBSR trainings: _____

Registration: Number of people _____ x \$180.00 = _____

(Circle meal preference: Omnivore, GF, non -dairy, Vegan, Vegetarian)

(Includes the program, lunch, tea and snacks, and your Continuing Education certificate.)

*Make check payable to **True Nature Mindfulness***

CALL TO CHECK ON AVAILABILITY, SPACE IS LIMITED

Enclosed total \$ _____

Checks - Return to: Paula Coyne
4729 11th Ave S
Minneapolis, MN 55407

Credit Card: call Paula Coyne at 612-703-4785

Direct questions to Paula Coyne at 612-703-4785 or truenaturemindfulness@gmail.com