

# PENN PROGRAM FOR STRESS MANAGEMENT

Mindfulness Meditation

For Educators / For Psychotherapists

8-week Program Registration Form, Spring 2009

A completed registration form must be accompanied by a \$100 deposit. VISA, MC, Discover and personal checks accepted. **No American Express.** Checks should be made out to **Penn Program for Stress Management** and mailed to: 3930 Chestnut Street, 6<sup>th</sup> Fl., Philadelphia, PA 19104.

**All information is strictly confidential and for internal use only.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ / (home) \_\_\_\_\_

email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Education/Degree: \_\_\_\_\_

Employer Address

**Program (check all that apply)**

- Mindfulness Meditation for Psychotherapists
- CE credits for Psych/Social Workers
- Mindfulness Meditation for Educators

**Cost**

\$495  
\$ 75  
\$395

How did you hear about the (Educator / Psychotherapist) program?

Please list your three top goals for this program and give a specific example, (i.e. goal: to reduce stress when working with patients; learn how to communicate more effectively with colleagues).

1. Goal:

2. Goal:

3. Goal:

Accept my enclosed check for \$ \_\_\_\_\_ Bill my credit card: # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please email ([stress.management@uphs.upenn.edu](mailto:stress.management@uphs.upenn.edu)); fax (215-615-2729) or mail this registration form along with payment to: Penn Program for Stress Management, 3930 Chestnut Street, 6<sup>th</sup> Floor - Philadelphia, PA 19104. You will receive a confirmation soon after receipt.