

The Center for

Mind-Body Medicine[®]

Science. Training. Community. Outreach.

Mind-Body Skills Group Registration and Payment Form

Facilitator Name: Abby Carter

Participant Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Method of Payment:

Cash \$ Amount: _____

Check Check No.: _____ \$ Amount: _____

Credit Card \$ Amount: _____

MasterCard Visa American Express Discover

Name as it appears on the Card: _____

Card No.: _____ Expiration Date: _____

Card Holder's Signature: _____

Payment Plan*

***Even if you do not attend all sessions, by participating in this group, you agree to pay the full price of the program (\$600), broken down into 3 payments.**

Charge Credit Card as follows

Check payments as follows

\$ _____ on ____/____/____

\$ _____ on ____/____/____

\$ _____ on ____/____/____

