



Registration Form
8-week MBSR Program
Fall 2009



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Comments from Participants

"Pam teaches with incredible expertise, grace and passion."

"I have told so many of my friends and colleagues about this course....it really changed the way I deal with my stress."

"Excellent program...wonderful presentation."

"I will be using the relaxation techniques I learned both professionally and personally."

"Learning to integrate tools of stress reduction into my hectic life has made a real difference with how I handle stress."

"Pam is a wonderful teacher, and she practices what she teaches...I appreciated that."

"I have learned so much about myself during these 8 weeks—I feel much more centered and balanced than when I started the course."

"I really needed this course at this time in my life – thank you."

"The 8-week MBSR program was the most transformational and powerful course I have ever taken....it changed the way I view my life."

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

I am registering for:

_____ **Thursday, 7-9 PM**
(Sept 17 – Nov 12)
No class on Oct 1

_____ **Friday, 9:30 – 11:30 AM**
(Sept 18 – Nov 13)
No class on Oct 2

Would you like Continuing Education for Nurses or Social Workers? (Other health professionals may also be eligible for CE, please check with your board of registration) _____

How did you hear about the program?

Would you like information regarding the program sent to your health care provider? If so, please indicate name and address:

Please remit a check for **\$350*** payable to:
Stress Resources, LLC
97 Lowell Rd (3rd floor), Concord, MA 01742

** Blue Cross Blue Shield members are eligible for a 10% discount on group classes and a 20% discount on individual sessions!*

*Renew
Relax
Rebalance*



*Individualized
stress management programs
and consulting to meet
YOUR
unique needs*

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