

## Registration for StressCare Courses

Please provide the information requested on **both** sides of this form and send it with a deposit of \$75 to **StressCare**, 2078 Curtis Street, Berkeley, CA 94702. Due to limited space, early registration is recommended. For cancellations received at least two weeks prior to the first class, all but \$25 will be returned; thereafter the deposit is non-refundable. Please keep a copy of this completed form.

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

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail (please write clearly): \_\_\_\_\_

Office Ackn _____	Dep _____	Bal _____	Pmt _____	Rec? _____							
Att: O	1	2	3	4	5	6	All-day	7	8	Tot	_____

**Which course do you wish to attend in 2010?** Please check below:

- |   |               |                  |          |                               |
|---|---------------|------------------|----------|-------------------------------|
| <input type="checkbox"/> Jan. 26 – Mar. 23  | (Tues. eve.)  | 7 – 9:30 pm      | Berkeley | also meets Sat. 3/13 10am-4pm |
| <input type="checkbox"/> Jan. 27 – Mar. 24  | (Wed. morn.)  | 10 am – 12:30 pm | Berkeley | also meets Sat. 3/13 10am-4pm |
| <input type="checkbox"/> Feb. 25 – April 22 | (Thurs. eve.) | 7 – 9:30 pm      | Orinda   | also meets Sat. 4/10 10am-4pm |
| <input type="checkbox"/> April 20 – June 15 | (Tues. eve.)  | 7 – 9:30 pm      | Berkeley | also meets Sat. 6/5 10am-4pm  |
| <input type="checkbox"/> April 21 – June 16 | (Wed. morn.)  | 10 am – 12:30 pm | Berkeley | also meets Sat. 6/5 10am-4pm  |
| <input type="checkbox"/> July 6 – Aug. 31   | (Tues. eve.)  | 7 – 9:30 pm      | Berkeley | also meets Sat. 8/21 10am-4pm |
| <input type="checkbox"/> July 7 – Sept. 1   | (Wed. morn.)  | 10 am – 12:30 pm | Berkeley | also meets Sat. 8/21 10am-4pm |
| <input type="checkbox"/> Sept. 21 – Nov. 16 | (Tues. eve.)  | 7 – 9:30 pm      | Berkeley | also meets Sat. 11/6 10am-4pm |
| <input type="checkbox"/> Sept. 22 – Nov. 17 | (Wed. morn.)  | 10 am – 12:30 pm | Berkeley | also meets Sat. 11/6 10am-4pm |
| <input type="checkbox"/> Oct. 21 – Dec. 16* | (Thurs. eve.) | 7 – 9:30 pm      | Orinda   | also meets Sat. 12/4 10am-4pm |

\* No class on Nov. 26 (Thanksgiving); instead, class for the week will be held on Tuesday, 11/23.

**Locations:**    **Berkeley:**    2001 Dwight Way (Herrick Hospital)  
                           **Orinda:**        140 Brookwood Rd., Ste. 201

**How did you learn about StressCare?**

- Referred by my physician Dr. \_\_\_\_\_ Address \_\_\_\_\_
- Friend, family member, or colleague
- Other \_\_\_\_\_

**Indicate whether you wish to receive:**

Cat. 1 CME credits for MD's     CEU's for nurses     CE's for MFT's, LCSW's, Psychologists

**Course Fee: \$395.** A deposit of \$75 is due with your registration. The balance of the fee, \$320, is due no later than the *beginning of the second class meeting* of the course in which you enroll. *The fee is non-refundable after that date.* Each participant is responsible for timely payment of the fee. Some health insurers may provide partial reimbursement of your cost. Please ask your insurer about their policies and procedures. StressCare does not bill insurance companies, but we'll be glad to provide you with a detailed receipt.

**Please turn the page —>**

## Registration for StressCare Courses

1. Please list your three main goals in taking this course.

I.

II.

III.

2. Do you have any illness, physical limitations or emotional difficulties that you wish to inform us about?

Are you under the care of a physician or therapist for any of these conditions?

3. Do you have a regular exercise or meditation practice? Please describe.

4. In case of emergency or if the need arises, I give permission for the course instructor to contact my primary physician/caregiver (below).

Name of primary physician/caregiver \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Tel. \_\_\_\_\_

**5. Agreement: I agree to participate in this course to the best of my ability, including attending all weekly classes and the all-day sessions, doing the home assignments (about one hour daily), and participating in class as appropriate.**

Your signature \_\_\_\_\_ Date \_\_\_\_\_