



## Mindfulness-Based Inquiry Training Registration Form

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Profession: \_\_\_\_\_

Are you interested in Continuing Education Hours?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, through: PBTA \_\_\_\_\_ or NASW \_\_\_\_\_

**Please fill out this application form mail it, along with your \$100.00 deposit (checks made payable to "JMBCIM") to:**

Mindfulness Institute  
Jefferson-Myrna Brind Center of Integrative Medicine  
1015 Chestnut Street, Suite 1212  
Philadelphia, PA 19107