

INTRODUCTION TO MINDFULNESS



The course consists of three, 1-hour classes. It will cover the basic concentration practices of mindfulness as well as information on stress physiology. A body scan recording and a 3-minute check-in will be provided to each participant for continued practice beyond the course.

WHEN

**January 28, February 4, and 11
5:00-6:00 PM**

HOW

Complete registration form and return with payment to the office.

COST

\$90.00 for all three classes.

COURSE OBJECTIVES

- Recognize the relationship between mindfulness and stress recovery.
- Learn and practice 3 meditations.
- Connect with others new to mindfulness practice.
- Begin to cultivate a practice of mindfulness.

COURSE OUTCOMES

- Develop skills for dealing more effectively with stress.
- Experience more presence and access to joy.
- Improve your sense of resilience and the capacity to recover from challenges.

TECHNOLOGY NEEDED

- High-speed internet connection
- Device with speaker, microphone and video capability.





Cognitive Health *Solutions*, LLC

MBSR Program Registration

Relax and Recharge Workshop

Mindfulness II

Mindfulness Refresher

Introduction to Mindfulness

Executive Coaching and Mindfulness

MBSR 8 Week Course requires a separate

PARTICIPANT INFORMATION:

Participant Name: _____ Phone: (_____) _____

Street Address: _____

City/State/Zip: _____

If under 18 years old:

Parent/Guardian #1 Name: _____ Relationship to Participant: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian Phone: (_____) _____ E-mail: _____

Parent/Guardian #2 Name: _____ Relationship to Participant: _____

Parent/Guardian #2 Signature: _____

Parent/Guardian Phone: (_____) _____ E-mail: _____

PAYMENT:

Payment Method : Cash Check Credit Card

Visa/MasterCard/Discover #: _____ Exp. Date: ____/____ CVV: _____

Amount Authorized/Enclosed: \$ _____

Card Holder Signature: _____

All payments are final; there will be no refunds issued. Cancellations received after payment is made may receive a credit of the same amount applicable toward a future program. Please note that if you register and do not attend you are liable for full payment.

100 W. Eisenhower Drive, Hanover PA 17331

Contact to Register– Phone: 717-632-8400

Fax: 717-632-9300

Email: info@cognitivehealthsolutions.com

Website: www.cognitivehealthsolutions.com