

# 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**

**July 21, July 28, and August 4  
12:00-1:00 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 registration process, please call the office.**

### 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](mailto:info@cognitivehealthsolutions.com)

Website: [www.cognitivehealthsolutions.com](http://www.cognitivehealthsolutions.com)