



**SAMARITAN CENTER OF PUGET SOUND**  
MINDFULNESS-BASED STRESS REDUCTION

Today's Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

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

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

Yes! Please add my email address to Samaritan Center's e-newsletter list.

Contact Number: \_\_\_\_\_

I would like to register for the MBSR series that begins on \_\_\_\_\_

Method of Payment: Cash / Check # \_\_\_\_\_ / Credit Card (see below)



**This Section for Credit Card Payment Only. Information will be shredded once processed.**

Name as it appears on the card: \_\_\_\_\_

Credit Card Statement Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC2 (3 digits on the back): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Note: