Mindful Eating for Health & Well-Being

REGISTRATION FORM (PLEASE PRINT)

Please Note: Registration for the public talk and Workshop is limited.
Please advise us if you wish to cancel. Thank You.

Date:	PUBLIC TALK Wednesday Sept 7th, 2011 ☐ WORKSHOP beginning Wednesday Sept 21 (8 wks*) ☐ (there will be no workshop on Wednesday, October 5th.

INFORMATION

Last name:	First:	Middle:	☐ Mr. ☐ Mrs.	☐ Miss ☐ Ms.	Marital status: Single ☐ Mar ☐ Div ☐ Sep ☐ Wid ☐
Birth date:	Age:	☐ M ☐ F			
Street address:		Home phone no.: ( )		Cell phone no: ( )	
Email:	City:		Prov:	Postal Code:	
How did you hear about us? (Please check one box):	☐ saw poster ☐ friend		☐ website	☐ other	

PAYMENT INFORMATION

Please check the appropriate box – Public talk is Free but donations gratefully accepted to offset administrative costs.

Workshop fee: $350 per person tax incl.	Paying with PayPal ☐	Cheque enclosed: in the amount of $350 payable to Chan Huy:	Cheque enclosed in the amount of:

HEALTH INFORMATION (COMPLETE ONLY IF YOU ARE REGISTERING FOR THE WORKSHOP)

Do you have a family physician? ☐ Yes ☐ No	If no, do you have a health care provider?				
Name and address:					
Have you been hospitalized in the last six months? ☐ Yes ☐ No	Explain:				
Are you currently under the care of a mental health provider? ☐ Yes ☐ No	Explain:				
Please indicate if you have been diagnosed with any of these medical conditions:	☐ Diabetes	☐ High Blood Pressure	☐ Cancer	☐ Other	☐
List of medications:					

Have you ever been diagnosed with an eating disorder? Yes, No (boxes) Explain:

IN CASE OF EMERGENCY

Name of local friend or relative :	Relationship:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge. I understand that before beginning any weight loss program, it is advisable to consult with my health care provider. I understand that I undertake this workshop entirely at my own risk and expense and acknowledge that the information provided is not intended to replace any medical advice from my health care provider.

Signature & date: