

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.		PUBLIC TALK Wednesday April 11, 2012 7 pm WORKSHOP beginning Wednesday April 25 (7 wks*) (there will be no workshop on Wednesday May 23).	
Date:			
INFORMATION			
Last name:	First:	Middle:	<input type="checkbox"/> M <input type="checkbox"/> F
Birth date:	Age:		
Street address:	Home phone no.:	Cell phone no:	
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Email:	City:	Prov:	Postal Code:
How did you hear about us? (Please check one box):		<input type="checkbox"/> saw poster	<input type="checkbox"/> friend <input type="checkbox"/> website <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a health care provider?			
Name and address:			
Do you have a weight problem/obesity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes for how long? _____	Height: Weight:
Have you been hospitalized in the last six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Are you currently under the care of a mental health provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Have you participated in previous weight loss programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Do you have any food restrictions or allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:
Please indicate if you have been diagnosed with any of these medical conditions:	<input type="checkbox"/> Eating Disorder such as Bulimia, Anorexia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Other
List of medications:			
IN CASE OF EMERGENCY			
Name of local friend or relative :	Relationship:	Home phone no.:	Work phone no.:
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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 presented is not intended to replace any medical advice provided by my health care practitioner.			
Signature & date:			
Public talk: register by email: Laureen Osborne@rogers.com Workshop: pay by Pay Pal, complete this form, and send by fax: 613-574-1660 or mail form with your cheque payable to 'Chan Huy' to: 6419 Deer Valley Cres, Greely ON K4P 0A9			
Cancellation Policy: Full refund until April 25th. After April 25th \$50 admin. Fee applicable.			
We reserve the right to cancel the workshop. Full refund applicable.			

