



**MINDFULNESS-BASED STRESS REDUCTION
REGISTRATION FORM**

OFFICIAL USE ONLY			
Semester: _____		Course CRN(s): _____	
Start Date: _____			
Program Signature _____		Date _____	
Registration Clerk Signature _____		Date _____	

I have previously taken a course at Douglas College Student # (if known) _____

Personal Information – Please print legibly.

Note: The names indicated below must be your legal names for use on all official Douglas College documentation.

Last name	First name
Middle name	Former name (if applicable)

Mailing Address

House & Street			Apt #	
City/Town	Province	Country	Postal code	
E-mail address				

Phone – daytime

alternate

area code	number	extension	area code	number	extension
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Fax number

TTY number

area code	number	area code	number
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Gender (please circle): female male	Date of birth		
	dd	mm	yyyy

Method of Payment: *please check one box (fee is \$350.00)*

Cheque enclosed, payable to **DOUGLAS COLLEGE**

Charge my Visa MasterCard

Card #	Expiry date
Name on card	Signature

Mail to:
Program Assistant
Faculty of Health Sciences Continuing Education
Douglas College, Room C-3074 - DLC
PO Box 2503
New Westminster, BC V3L 5B2

Fax to:
Program Assistant
Faculty of Health Sciences
Continuing Education
604-777-6498

Tel: 604-777-6527

Walk-in:
Room C3074 DLC
Douglas College
1250 Pinetree Way
Coquitlam, BC