



## CBCT® Foundation Course Registration for Payment by Check

Start Date of Course:
Name:
Email:
Phone:
Program: 3-Day Weekend Intensive Foundation Course 8-Week Foundation Course CBCT for Nurses Other [please specify]
1.) Briefly discuss your interest in taking this course:
2.) Describe any previous meditation or contemplative experience (including prior CBCT courses):
3.) How did you learn about CBCT?