



Center for  
Contemplative Science and  
Compassion-Based Ethics



## CBCT® Foundation Course Registration for Payment by Check

**Date:**

**Name:**

**Email:**

**Phone:**

**Payment Amount:**

**Registration and payment for:**

CBCT® Foundation Course

CBCT® for Nurses

Other [please specify] \_\_\_\_\_

1.) Describe any previous meditation or contemplative experience (including prior CBCT courses):

2.) How did you learn about CBCT?

**Send completed form to the following postal address:**

CBCT

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