



Center for
Contemplative Science and
Compassion-Based Ethics



CBCT® Foundation Course Registration for Payment by Check

Start Date of Course: _____

Name:

Email:

Phone:

Program:

- 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?

Send completed form to the following postal address:

CBCT
1599 Clifton Rd, NE • Mailstop 1599-001-1CB • Atlanta, GA 30322