



The Center for Mindful Inquiry

Mail-In Registration Form*

Name: _____

Address: _____

Email: _____

Day Phone: _____

Evening Phone: _____

Professional Affiliation: _____

Course Title: _____

Dates: _____

Why are you interested in taking this course at this time?

What is your previous experience with insight meditation or mindfulness practices?

I have read and understand the Cancellation Policy:

_____ (signature)

***Mail Completed Form and Check to:**
Center for Mindful Inquiry, 167 Main Street, Brattleboro, VT 05301