



Registration

Mind/Body Stress Management Program for Parents of Behaviorally Challenging Children

Monday Mornings ~ April 26 to June 7, 2010

Mail this registration form with your payment to:

Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital
151 Merrimac Street, 4th floor
Boston, MA 02114
Attn: Marilyn Wilcher

Please print clearly:

Name(s) _____

Number attending _____

Email _____

Phone _____

Address _____

YES, I/we would like to register @ \$240 per person

TOTAL ENCLOSED (number of people x \$240) = \$ _____

PAYMENT

Option 1: Please write your check to Benson-Henry Institute; write "April Parent Program" in the memo section.

Option 2: Please provide your credit card information below.

Credit card information (please print clearly):

Type (Visa, Mastercard) _____

Cardholder's name _____

Card number _____

Expiration date _____