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REGISTRATION FOR INTRODUCTION TO MINDFULNESS PRACTICE

Name: _____

Dates of **Introduction to Mindfulness Practice** course for which you are registering: _____

Age: _____ Preferred pronouns: _____

Mailing address: _____

Best phone # to reach you _____ Other phone _____

Okay to text? ___ YES ___ NO At which number _____

Email address: _____ Okay to email? ___ YES ___ NO

How did you hear about this training in mindfulness? _____

What experience with meditation have you had? _____

Have you taken a course in mindfulness previously? If so, describe briefly _____

What are you hoping to gain by taking the course? _____

Is there a primary issue/problem from which you are seeking relief? If so, describe briefly _____

***** PLEASE ATTACH THIS FORM TO AN E-MAIL TO Dr. Herzog at: drmarianneherzog@gmail.com *****

PRIOR TO THE START OF THE COURSE, DR. HERZOG WILL CONTACT YOU FOR A BRIEF (10 – 15 MINUTE) DISCUSSION BY PHONE TO DISCUSS THE COURSE AND YOUR EXPECTATIONS AND ANY QUESTIONS OR CONCERNS YOU MAY HAVE ABOUT PARTICIPATING, TO PROVIDE SOME INFORMATION THAT WILL BE HELPFUL IN FACILITATING THE GROUP LEARNING, AND TO INSURE THE COURSE IS A GOOD FIT FOR YOU! Dr. Herzog will contact via text (if you have indicated that this is okay) or e-mail, to arrange a time. I'm looking forward to talking with you and, hopefully, seeing you in class!