

Mindful Eating Program

Yes! Please enroll me in the next Mindful Eating Program Session.

By filling out and returning this registration form with payment, I agree to participate in the Mindful Eating Program. I understand that the \$300 fee is non-refundable.

Payment by check Only!!!

Checks are to be made payable to: Department of Medicine, MSG (Checks will be returned if not written correctly)

Please print out and mail your check and registration form to: Mindful Eating Program

c/o Terry Podolak, RD Upstate Medical University 750 East Adams Street Room 2407 UH Syracuse, NY 13210 Phone: 464-4992

Please Print:

Name

Session Date(s)	which y	ou are	regis	tering :	for:	
E-mail Address						
Daytime Phone						
Address						

Thank you