

Mindful Eating/Conscious Living

Name: _____

Phone(s): _____

Address: _____

Town/State/ Zip: _____

Email: _____

_____ My check for **\$175.00 [tuition (\$160) and CD (\$15)]** is enclosed

to: *A Mindful Path, LLC.*

_____ Yes I want to attend and would like to use my insurance if possible.
Enclosed is a copy of the front and back of my insurance card so that you can contact my insurance and assess coverage. I am/am not the primary person on this insurance.

My date of birth is: _____.

My SS# is: _____.

I prefer to fax this information to your confidential fax

[\(860-499-5477\)](tel:860-499-5477) or leave it on your confidential voice mail

[\(860-402-9333.\)](tel:860-402-9333)

For questions or more information: [860-402-9333](tel:860-402-9333).

Mail this form and check to:

A Mindful Path, LLC, 1477 Park Street, Suite 14, Hartford, CT 06106