

**Mindfulness: 4 Session Series
Personal Practice**

PERSONAL INFORMATION

Last Name:

First Name:

Address:

City, State, Zip:

Email:

Contact Phone:

DESCRIPTION, DATE, RATE OF SERVICES

Dates of Service: Thurs 1/3, Thurs 1/10, Thurs 1/17, Thurs 1/24

Time: 7:00 - 9:00 PM

Investment: \$180

Details of Program: \$180 is the cost for 4 sessions. Individual sessions not available.

PAYMENT TERMS

Pre-registration and full payment is required by Friday, December 28th. No refunds. Cash, credit or make checks payable to Springfield Holistic Wellness, LLC.

RESCHEDULING AND CANCELLATION POLICY

In the event of inclement weather where it is unsafe to drive, a make up class will be arranged. Make up classes will not be provided for missed classes unless discussed with instructor prior to the beginning of the series and may be subject to an additional fee.

AGREED AND ACKNOWLEDGED

Print Client Name: _____

Signature: _____

Date: _____

Thank you for choosing Springfield Holistic Wellness, LLC for your Holistic Health Needs!