

Brenda S. Butterfield, EdD, MSW, LMHC
Our New Experience (ONE), LLC
Redmond, WA 98052
Phone: 425-324-7336
Email: ournewexperiences@gmail.com

MBSR Course Registration Form

Date: _____

Name: _____ Age: _____

Mailing address: _____

Best phone # to reach you _____ Alternative phone _____

Email address: _____

Referral source: "*How did you hear about MBSR?*" _____

Taken MBSR course previously? _____

Meditation experience? _____

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

Primary issue/problem seeking relief: _____
