



MIIND/BODY FERTILITY PROGRAM  
REGISTRATION FORM

PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse/Partner Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Special Dietary Considerations \_\_\_\_\_

PROGRAM FEE

\$600 covers the cost for the following:

- Group Counseling Sessions with peer support
- 1 session for couples with lunch included
- Individual sessions with a licensed marriage and family therapist and phone access to a therapist throughout the group.
- 150 page client manual
- The book Healing Mind/Healthy Woman
- The book Conquering Infertility
- DVD entitled Infertility Explained
- Guided Relaxation CD

SELECT YOUR METHOD OF PAYMENT

Cash \_\_\_\_\_ Personal Check \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

CANCELLATION POLICY

Full refunds less a \$50 cancellation fee will be made if notice is received 24 hours before the intake appointment (first individual counseling session) and 48 hours before the first group session begins. Cancellations received after the intake appointment are subject to a \$165 fee and cancellations received less than 48 hours before the program begins will result in a charge of \$400.