

Heal From Within
Lisa Eaves, L. Ac., Dipl. Ac.
4545 42nd Street NW, Suite 301
Washington, DC 20016
202-244-2289

Mind/Body Fertility Program of D.C. Registration Form

Participant Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Email Address: _____ Cell Phone: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Primary Relationship Status (Married, Single, Committed): _____
(Name of Partner/Spouse)

Occupation: _____

I would like to attend:

_____ ~~Tuesday sessions at GIVF~~ (Not at this time)

_____ Wednesday sessions at Heal From Within

Topics Include:

- 1 Introductions, Physiology & Chemistry of Stress, Body Scan
- 2 A Skillful Mind: Curiosity, Patience, Non-judgement, Mini's
- 3 Basic Meditation Guide, Mindfulness
- 4 Cognitive Distortions, Posture, Mantra
- 5 Nutrition & Exercise, Self Talk
- 6 Art of Coping, Contemplation, Joys
- 7 Sunday Session with Spouses/Partners
- 8 Yoga or Qi Gong
- 9 Writing Your Wrongs, Healing Power of Confession
- 10 Self Nurture, Emotional Expression, ReMindfulness, Review

Total cost for all 10 sessions is \$395.

Participant Signature

Date

Mail this registration with a \$100 deposit to:

Heal From Within
4545 42nd Street NW, Suite 301
Washington, DC 20016