



Mr/ Mrs/Ms/Miss/Dr .....

Date of birth: ...../...../..... Preferred name: .....

Street address: .....

Postal address (if different): .....

Home phone: ..... Mobile: ..... Work: .....

Email address: .....

Usual GP: .....

Occupation: .....

Course: Year: ..... Term: .....

**Payment**

Please select:

- Full fee \$595
- Healthcare card holder \$420
- Pensioner or Vets affairs \$420
- Regular WMP patient \$520
- Previous course participant \$520
- Requesting special discount or partial scholarship:  
(Contact Adele on [astewart@woononamedical.com.au](mailto:astewart@woononamedical.com.au))

Please note: It is important to have the intention to attend all Saturday sessions and the full day retreat.

**Payment options:**

Credit card:  
Name on card: ..... Card number: .....

Card Type: ..... Card exp: ..... CSV (3 numbers on back): .....

Or in person or by phone 42833433

Direct debit:  
D and A Stewart  
BSB 062624  
Account number 10455489

Please reference with your name and MBSR and notify the practice that you have made the payment by phone 02 4283 3433 or email [reception@woononamedical.com.au](mailto:reception@woononamedical.com.au)

Cash or cheque in person

Pension/Healthcare/Vets Affairs number: ..... Expiry: ...../...../.....  
(if applicable)

Please note, there is no Medicare rebate for this course, but some health funds may reimburse some costs.

**Please return completed form to [astewart@woononamedical.com.au](mailto:astewart@woononamedical.com.au) or fax to 02 4283 1955**

**If you do not receive an email from Adele within a week of sending in your enrolment form, please contact the practice on 02 4283 3433.**