Center for Living

Lifestyle Management for Mind-Body Health

REGISTRATION FORM

Please print:

Name _____

Street address _____

City _____ State _____ ZIP _____

Daytime phone _____ Email _____

One registrant per form please. Unless otherwise stated, the registration deadline for all CFL classes/programs is two working days prior to the beginning date of the class/program.

	Class Name	Start Date	Start Time	Cost
1.				
2.				
3.				

Total Cost $ _____

Fees are nonrefundable, but can be applied to future services in select circumstances.

Please complete form and return with registration fee(s) to:

Center for Living Registration
Prairie Heart Institute at St. John's Hospital
619 East Mason Street
Springfield, IL 62701

☐ Please find enclosed my check payable to St. John's Hospital.

Please charge to my : ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Amount of charge: $ _____ Expiration date: _____ V-code*: _____

Card number: _____

Signature: _____

**Last three digits on the back of card.*

Prairie
HEART INSTITUTE
St. John's Hospital