

**Samaritan Counseling Center  
Core-Skills Intensive  
Change Through Compassion Seminar Series**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the class? \_\_\_\_\_

Dietary concerns for catered lunch on Saturday 2/10: \_\_\_\_\_

I am registering for:

**Core-Skills Intensive**

Thursday February 8, 6-8:30pm, Friday February 9, 6-8:30pm and Saturday February 10, 9am-4pm  
Location: 1803 Oregon Pike, Lancaster

I understand that participation in the Core Skills Intensive is free of charge.

I agree to attend the entire Core-Skills class.

I confirm that I have not participated in a Mindful Self-Compassion/Change Through Compassion class previously.

**I confirm that I am a woman aged 40-60 years old. Date of Birth:** \_\_\_\_\_

I agree to be interviewed by the doctoral candidate after the class has completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For questions, please contact Lesley Huff, PsyD at the Samaritan Counseling Center  
at 717-560-9969, extension 259.*

*Please send registration to:  
Lesley Huff, PsyD  
Samaritan Counseling Center  
1803 Oregon Pike  
Lancaster PA 17601  
(Fax) 717-560-9553*