



## Registration Form for The Mindful Path in Recovery

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Registering does not guarantee a space in class; your reservation is not complete until course fee has been received.

Your information will not be sold. By submitting your name and email address, you are giving permission to periodically receive marketing materials from Scott Cruse only.

**Please mail completed forms and a post-dated check (payable to Scott Cruse) for \$350 to:**

The Mindful Path in Recovery

Scott Cruse, MSW, LICSW  
P.O. Box 80031  
Minneapolis, MN 55408

612.227.5407

scott@scottcruse.com  
www.scottcruse.com