

# Yoga for Cancer 4-week Workshop

*at Aquafit, Chestertown, MD*

**September 15 - October 6, 2015  
Tuesdays, 5:30pm - 6:30pm**

## Understanding the healing power of yoga.

Finding yoga as a way to heal empowers students to live more mindfully. The Yoga for Cancer 4-week workshop series will address the physiological benefits of yoga practice on the body and mind. Each class will address a specific issue, including lymphedema, neuropathy, constipation and digestion and rebuilding strength in the muscles and bones, and will teach a practice that can help to heal the symptoms.

### Who should participate?

Cancer survivors and patients who have experienced stress – before, during or after the diagnosis - that are interested in learning how yoga can assist with healing on a physical and psychological level.

### About the teacher, Julie Phillips-Turner, RYT, AYS, Y4C certified

Helping others discover how yoga benefits the mind and body during practice is Julie's mission when it comes to teaching. Julie believes that yoga is not just a work-out, it's a healing art. With over 500 hours in training in a number of therapeutic yoga specialties, including certification to teach Yoga for Cancer with Tari Prinster; and a certified Ayurvedic Yoga Specialist, allows her to understand the individual needs of her students.

### Location:

Aquafit  
818 High Street, Suite 1  
Chestertown, MD 21620

### Pre-registration for the full 4-class program cost:

\$50 per person  
Drop-in fee: \$15

Pre-registration is due  
September 8, 2015.

**Questions?** Call 410-490-0033 or  
e-mail [Julie@chesapeakeyoga.com](mailto:Julie@chesapeakeyoga.com)  
**Visit:** [www.chesapeakeyoga.com](http://www.chesapeakeyoga.com)

Please fill out the registration form below and fax with credit card payment to 443-703-2359 OR mail with payment information or check payable to: Chesapeake Yoga & Wellness to 220 Dutcher Road, Queenstown, MD 21658. Online payment via PayPal is available.

**Payment enclosed: \$50** \_\_\_\_\_

Check \_\_\_\_\_ (Payable to Chesapeake Yoga & Wellness)

Credit card #: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ CSC#: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ (Required)

E-mail: \_\_\_\_\_ (Required)

(Do you have yoga experience? (Please circle) Yes No (If yes, what type? \_\_\_\_\_)