

CONTEMPLATIVE BIRTHING WORKSHOP REGISTRATION FORM

___ SESSION A: Saturdays, 2:30-5:30
March 17, 24, 31, April 7, 14, 21

___ SESSION B: Saturdays, 2:30-5:30pm
May 5, 12, 26, June 2, 9, 16

\$375 (\$350 if registration received 1 month prior to course start)

*please note that workshops will run with a minimum of 4 couples (not including those on scholarship). You will be informed as early as possible if it seems the course may not run due to low enrollment.



Today's Date: _____ Due Date: _____

Name: _____ Birthing Partner: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email :_(self)_____partner:_____

How did you hear about this workshop?: _____

Where will you be birthing: _____

Are you working with a Doula? _____ Who? _____

Who is your prenatal healthcare practitioner: _____

Please complete and include the following forms with your registration:

___ pregnancy/health history form

___ birthing class questionnaire

If you have requested a scholarship, please also complete the scholarship application

I understand that I am registering for the Contemplative Birthing Workshop, Session A, B, or C as checked above. I understand that full payment of the workshop fee will reserve my space. I understand that the workshop fee cannot be reimbursed without written/emailed withdrawal 2 weeks prior to the class start date (except in the case of an emergency). I have informed my teacher of any injuries or health conditions I have, and have read and understand the Payment Policies listed above.

signature

date