

CONTEMPLATIVE BIRTHING WORKSHOP REGISTRATION FORM

___ SESSION A: 2:30-5:30pm Saturday August 28, September 4, 11
11:15-1:45pm Sunday September 19
2:30-5:30pm Sunday September 25
2:30-5:30pm Saturday October 2

___ SESSION B: Tuesdays 7:15-9:45pm
August 31, September 7, 14, 21, 28, October 2

___ SESSION C: Saturdays 2:30-5:30pm
October 30, November 6, 13, 20, December 4, 11



\$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: _____

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 or B, 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 1 week 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

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