

Registration Form

Please mail this form to me with the deposit, or email it back to me and send the deposit by mail separately.

Name:
Address:
Email:
Occupation:
Name of person who will be attending class with you:
Relationship to you:
Phone (List as many as you want. Use an asterisk * to indicate which is the best to reach you day of class incase of emergency cancellations):
Where do you plan to give birth?
Name of Midwife/Doctor?
Due Date?
Name and date of class you are registering for:
How did you hear about the class?

Please mail a \$75 non-refundable deposit at least 2 weeks prior to the first class date to secure your spot in class. If your deposit has not been received by then, your spot may be given to someone else. If your check is "in the mail" but will arrive late, please call or email me to let me know.

Send payments to:

Conscious Birth c/o Kristina Chamberlain

421- 172nd Ave NE

Bellevue, WA 98008

The balance is due at the first class. There are no refunds for missed classes; however, I will provide you with information missed. If I need to cancel a class for an unforeseen reason, I will make up the class during or at the end of the class series.