

Intuitive Doula Training Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Registration Fee Includes – Training manual, two texts, 30 CE Contact Hours, and 5% contributed to CARE, <http://www.care.org>. Total \$ 425.00

Cancellations and Refunds:

Registration fee of \$400 fully refunded within 30 days.

Payment Method:

Please remit payment by Check, Money Order, VISA or MasterCard payable to: Intuitive Doula. A \$17.00 fee charged on checks returned by the bank due to insufficient funds. Payment plan available upon request, please contact us.

VISA MASTER CARD CHECK MONEY ORDER

Card#: _____ Expiration Date: _____

Security # (3 digit code on back of card) _____

Signature: _____

Print Cardholder Name: _____

Mail or fax completed registration form with payment to:

Intuitive Doula
P O Box 1129
Mendocino, California 95460

Fax (707)937-6003

www.intuitivedoula.com
doula@mcn.org