

Intuitive Doula Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email: _____ Date: _____

Registration Fee Includes: Manual, two texts, 30 CE Contact Hours for California Nurses, and 5% contributed to CARE, <http://www.care.org>.

Payment by check or money order: total \$500

Payment by PayPal: total \$515

Cancellations and Refunds: \$400 fully refunded within 30 days.

Payment Method:

- Please remit payment by check, Money Order or PayPal, payable to:
Intuitive Doula.
- To pay with PayPal there is a \$15 charge.
- \$17 fee charged on checks returned by the bank due to insufficient funds.
- Payment plan available upon request.
- Yearly registration: after certification with Intuitive Doula: \$45

PAY PAL: \$515 CHECK: \$500 MONEY ORDER: \$500

Mail or fax completed registration form with payment to:

Intuitive Doula
PO Box 1129
Mendocino, California 95460
Fax (707) 937-6003

(707) 937-4202

www.intuitivedoula.com

doula@mcn.org

Please let us know how you found us:

On line Word of mouth Facebook Other: _____