

Mother Care Birth Professional Training Registration Form

Date _____

Contact Information

Name _____

Address _____

City _____ Province _____ PC _____

Home Phone _____ Work Phone _____

Email _____

Additional Information

- Yes, I would like to stay on-site at Immanuel's Retreat Center*
- Send information on area accommodations

Workshop Choices

- Childbirth Educator Workshop
 - Nov. 10-12, 2006 at Immanuel's Retreat Center \$350.00
 - March 2-4, 2007 at Immanuel's Retreat Center \$350.00
- Childbirth Doula Workshop
 - Sept. 29-31, 2006 at Immanuel's Retreat Center \$350.00
 - March 15-17, 2007 at Immanuel's Retreat Center \$350.00
- Postpartum Doula Workshop
 - Oct. 13-15, 2006 at Immanuel's Retreat Center \$350.00
 - April 21-23, 2007 at Immanuel's Retreat Center \$350.00
- Early Bird Discount,
for registrations received one month prior to workshop \$ -25.00

Advanced Workshop Choices

- Advanced Body Awareness Workshop
 - October 28, 2006 at Immanuel's Retreat Center \$100.00
 - March 24, 2007 at Immanuel's Retreat Center \$100.00
 - Early Bird Discount**
for registrations received one month prior to workshop \$ -8.00
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Total Workshop Fees _____

Refund Policy

- a) If Mother Care receives a written notice of withdrawal before registration close (two weeks prior to workshop date), Mother Care will retain the lesser of 10% of the total workshop fees or \$50.
 - b) If Mother Care receives a written notice of withdrawal after registration close (two weeks prior to workshop date), Mother Care will retain the lesser of 50% of the total workshop fees or \$200.
 - c) Participants are not eligible for refunds after commencement of workshop.
 - d) If the workshop is cancelled, participants can either choose to register for an upcoming Mother Care workshop or apply for reimbursement of paid workshop fees.
- I understand and agree with the above refund policy.

Signature _____

*Only \$15 per night for on-site accommodation. Information will be sent in your registration package.

Make cheque or Money Order payable to Connie Banack. Print this form, complete order and mail with payment to:

Mother Care

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Spruce Grove, AB T7X 4N2
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