

Doula Training Registration Form

Name: _____

Date: _____

Address: _____

Telephone numbers: _____

Email: _____

Dates and location of training for which you are registering: _____

Which type of workshop are you registering for? Birth Postpartum

Amount of payment included: _____

* Please make payment out to "Jacqueline Kelleher", 20 W. Glen Circle, Media, PA 19063

Class size is limited, so early registration is recommended. Payment must accompany your registration form. Cancellations received more than 30 days prior to training will be refunded, minus a \$50 processing fee. Less than 30 days prior to the training there will be no refunds, but the applicant may apply her fee to a later workshop. Payment in full is required by first day of workshop.

I have read and understand the prerequisites for attending this DONA-approved doula workshop and will comply with all requirements prior to attending the workshop. I will email the instructor upon completing requirements.

Signature of Registrant