

BIRTHING OPTIONS WORKSHOP REGISTRATION FORM

Name _____ Due Date _____

Address _____

Phone hm. _____ cell _____ Text? Yes No

Email _____

Which birth is this? _____ Planned place of birth _____

\$150/couple ~ for non-Birthwise Midwifery Care clients – due at the beginning of class

Enclosed payment of \$ _____ check money order

Register early to assure your place as space is limited.
970-292-8251

**Please mail to: BIRTHWISE 3733 Higgins St., Loveland, CO 80538 or email to barbie.44@comcast.net
Make checks payable to: Barbie Burrage
This workshop is FREE for Birthwise clients.**

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