

BIRTHING OPTIONS WORKSHOOP REGISTRATION FORM

Name _____ Due Date _____

Address _____

Phone hm. _____ cell _____

Email _____

Which birth is this? _____ Planned place of birth _____

\$100/couple ~ refunds available if you cancel with a 24 hour notice or in case of an emergency.

Enclosed payment of \$ _____ check _____ money order

Register early to assure your place as space is limited.
970-797-0153

Please mail to: BIRTHWISE ~ 1531 W. Swallow Rd. Unit 32, Fort Collins, CO 80526
Make checks payable to: Barbie Burrage

BIRTHING OPTIONS WORKSHOOP REGISTRATION FORM

Name _____ Due Date _____

Address _____

Phone hm. _____ cell _____

Email _____

Which birth is this? _____ Planned place of birth _____

\$100/couple ~ refunds available if you cancel with a 24 hour notice or in case of an emergency.

Enclosed payment of \$ _____ check _____ money order

Register early to assure your place as space is limited.
970-797-0153

Please mail to: BIRTHWISE ~ 1531 W. Swallow Rd. Unit 32, Fort Collins, CO 80526
Make checks payable to: Barbie Burrage