



Childbirth Workshop

From Pregnancy to Labor and Delivery & Beyond

Hello! This letter is to confirm that you have registered for childbirth class.

You desired to attend the **PCT™ Childbirth Workshop**

Location: _____

Time: _____

Date(s): _____



Please wear comfortable clothing. Feel free to bring sweat shirt/sweater, pillows and/or blanket for comfort if you desire.

A lunch break will be given for the one-day class (lunch is not provided). Feel free to bring additional snacks and beverages for other breaks.

Please submit *non-refundable** class fee of \$_____.

I accept cash, checks, and select credit cards.

Make checks payable to: **Janice Mellette, RN**

Please return lower portion of this registration form with class fee *prior to class*. It will help me prepare for any special needs you may have.

P.O.Box 22921

Alexandria, VA 22304

I look forward to meeting you! ☺ Please feel free to call me with any questions or concerns:

443-223-9741

***Cancellation Policy:** *Class is limited to a certain size. To guarantee your reserved place in this class, please send the fee as soon as possible. After you are guaranteed a place in the class, that prohibits another couple from attending. Thus, there is **no refund given**, for any reason, if you choose not to attend class. Thank you for your understanding.*

Name _____

Person attending class with you _____

Location of class: _____

Date of class wishing to attend _____ Number Baby for you _____

Doctor/Midwife _____ Your Due Date _____

Phone number where you may be contacted in case of emergency class cancellation:

() _____ - _____

Email Address _____

What is the most important thing you are hoping to learn at class? _____

Do you have any special needs or concerns or would you like any special topic discussed in class? _____

How did you hear about PCT™ Childbirth Workshop? _____