

HypnoBirthing® Infant Massage Instructor Class

Class Registration

Name: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

I wish to register for the class beginning: (Class Date) _____

Class Location: _____

Professional Designation: (HBCE, Massage Therapist, Doula, etc.) _____

Will you need CEU credits? _____ Which Organization? _____

(CEU credit approval has been approved for NCTMB, DONA, and CAPPA and the Arizona Nursing Association. If you require CEU from another organization, we would like to know, so we can contact them for the future):

Tuition fee: \$325 (USD) – Includes class materials, and a Doll for teaching classes

