



Please enrol me/us in the upcoming four week HypnoBirthing Childbirth Education course.

Class start..

Mother's Name.....

Address

.....

Postcode.....

Tel

Email address.....

Birth Companion's name..... (spouse, partner etc)

Birth Assistant (doula, friend, mum etc).....

Hospital, birthing centre or home birth.....

Due date.....

Tuition Fee.....

Signed