

Birth Ways Class Registration

Fill out this form and send at least 10 days before the class is scheduled with your check to: **Birth Ways**, 1600 Shattuck Ave, Suite 122, Berkeley CA 94709.

Please register me/us for the following class(es):

Name: _____

Address: _____

City: _____ **Zip:** _____

Day Phone: _____ **Eve. Phone:** _____

Email: _____

# People	Class Name	Class Date	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Donation	\$ _____
		Total Amount Enlosed	\$ _____

Refund Policy

If you cancel your registration at least 10 days in advance, 75% of your fee will be refunded or 100% credit towards a future class. If you cancel less than 10 days advance, 50% refund or 75% credit. Call 510-869-2797 or email contact@birthways.org