

# HypnoBirthing®—the Mongan Method

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Oasis Birth Services • www.oasisbirth.com

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## Course Enrollment

_____ <b>Mother's Name</b>	_____ <b>Mother's Occupation</b>
_____ <b>Mailing Address</b>	_____ <b>City, State, Zip</b>
_____ <b>Preferred phone</b>	_____ <b>Alternate phone</b>
_____ <b>Preferred email</b>	_____ <b>Birthing Companion (spouse, partner, etc.)</b>
_____ <b>Relationship</b>	_____ <b>Birth Companion's Occupation</b>
_____ <b>Emergency Contact Name</b>	_____ <b>Emergency Contact Phone</b>
_____ <b>Birthing Assistant</b>	_____ <b>Relationship (doula, friend, etc.)</b>
_____ <b>Care Provider Name &amp; Title</b>	_____ <b>City</b>
_____ <b>Birthing Facility</b>	_____ <b>City</b>
_____ <b>When is baby expected?</b>	_____ <b>How many weeks pregnant will you be when you begin classes?</b>

**I wish to enroll in HypnoBirthing® classes beginning (date):** May 3, 2012 (@ 6:30 pm)

**Location:** Room FL2 at Beaver creek Church of the Nazarene, 1850 N. Fairfield Road, Beaver creek, OH 45432

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**Tuition fee (group class): \$250**

(Fee includes textbook, audio practice CD and handouts.)

**Make Check Payable to: Oasis Birth Services**

Please send forms & payment to: Oasis Birth Services, PO Box 24536, Dayton, OH 45424