

REGISTRATION FORM – Page 1

Register online, fax or postmark your registration by June 15, 2016, for early-bird savings and to get your first choice of sessions! Not a DONA International member? Join DONA International now for reduced conference fees!

First Name _____ Last Name _____ Date _____

Name as you would like it to appear on your name badge _____

Street Address/Apt # _____

City _____

State/Province _____ Zip/Postal Code _____ Country _____

(_____) (_____)
Day Phone _____ Evening Phone _____

Email Address _____ First DONA International Conference?
Yes ___ No, it is # _____

- I am interested in volunteering at the Conference
- I **do not** want my name and address included on a list of registrants available to exhibitors

Please check all that apply

- Birth Doula _____ DONA certified? ___ yes ___ no
- Postpartum Doula _____ DONA certified? ___ yes ___ no
- Certified doula with _____
- DONA approved Doula Trainer ___ Birth ___ Postpartum
- Childbirth Educator _____
- Certified CBE with _____
- Midwife _____
- Lactation Consultant _____
- Physician _____
- Massage Therapist _____
- Physical Therapist _____
- Registered Nurse in _____ (State/Province/Country)
- Other _____

Concurrent Session Selections (number your 1st through 3rd choices)

Friday, July 29th – 10:30 am – 12:00 pm	Friday, July 29th – 3:00 pm – 5:00 pm
_____ 101 _____ 104	_____ 201 _____ 204
_____ 102 _____ 105	_____ 202 _____ 205
_____ 103 _____ 106	_____ 203 _____ 206
Saturday, July 30th – 10:15 am – 11:45 am	Saturday, July 30th – 3:15 am – 4:45 pm
_____ 301 _____ 304	_____ 401 _____ 404
_____ 302 _____ 305	_____ 402 _____ 405
_____ 303 _____ 306	_____ 403 _____ 406

Share a Hotel Room Request

Please read carefully and **sign only** if you want to be included on the "Share a Room" list.

I would like to be included on the "Share a Room" list, which will be distributed to me and other conference registrants upon their request for the same purpose. I release DONA International from any and all responsibility and from any harm intended or unintended as a result of this "Share a Room" list containing my name, state/province, country, phone and email address.

Signature _____ Date _____

