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!

| | Last Name | Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name as you would like it to app | pear on your name badge | |
| Street Address/Apt # | | |
| | | |
| Dity | | |
| State/Province | Zip/Postal Code | Country |
|) Day Phone | () Evening Phon | |
| Jay Phone | Evening Phon | ie |
| Email Address | | First DONA International Conference? Yes No, it is # |
| I am interested in voluntee | ring at the Conference | |
| | nd address included on a list of registrants available | e to exhibitors |
| Please check all that apply | | |
| Birth Doula | DONA certified? yes no | |
| Postpartum Doula | DONA certified? yes no | |
| Certified doula with | | |
| | ainer Birth Postpartum | |
| DONA approved Doula Transport Childbirth Educator | inebitti Fostpartum | |
| | | |
| | | |
| | | |
| Lactation Consultant | | |
| Physician | | |
| • | | |
| Massage Therapist | | |
| Massage Therapist Physical Therapist | | /State/Dravinge/Country |
| Massage Therapist Physical Therapist | | (State/Province/Country) |
| Massage Therapist Physical Therapist Registered Nurse in Other | ns (number your 1 st through 3 rd choices) | (State/Province/Country uly 29 th - 3:00 pm - 5:00 pm 201 204 202 205 203 206 |
| Massage Therapist Physical Therapist Registered Nurse in Other Concurrent Session Selection Friday, July 29 th – 10:30 am 101 | ns (number your 1 st through 3 rd choices) - 12:00 pm | uly 29 th – <mark>3:00 pm – 5:00 pm</mark> |
| Massage Therapist Physical Therapist Registered Nurse in Other Concurrent Session Selection Friday, July 29 th – 10:30 am 101 102 103 Saturday, July 30 th – 10:15 a | 104 | uly 29 th – 3:00 pm – 5:00 pm 201 |
| Massage Therapist Physical Therapist Registered Nurse in Other Concurrent Session Selection Friday, July 29 th – 10:30 am 101 102 103 Saturday, July 30 th – 10:15 a 301 | 104 105 106 107 107 108 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 109 | uly 29 th – 3:00 pm – 5:00 pm 201 |
| Massage Therapist Physical Therapist Registered Nurse in Other Concurrent Session Selection Friday, July 29 th – 10:30 am 101 102 103 Saturday, July 30 th – 10:15 a | 104 | uly 29 th – 3:00 pm – 5:00 pm 201 |
| Massage Therapist Physical Therapist Registered Nurse in Other Concurrent Session Selection Friday, July 29 th – 10:30 am 101 102 103 Saturday, July 30 th – 10:15 a 301 302 303 Share a Hotel Room Reque | 104 | uly 29 th - 3:00 pm - 5:00 pm 201 |
| Massage Therapist Physical Therapist Registered Nurse in Other Concurrent Session Selection Friday, July 29 th – 10:30 am 101 102 103 Saturday, July 30 th – 10:15 a 301 302 303 Share a Hotel Room Reque Please read carefully and si | 104 | uly 29 th - 3:00 pm - 5:00 pm 201 202 205 203 206 , July 30 th - 3:15 am - 4:45 pm 401 402 405 403 406 a Room" list. to me and other conference registrants upon all responsibility and from any harm intended |

REGISTRATION FEES – Page 2

| Conference Fees All fees are in US Dollars only* | Early Registration Postmarked by 5:0 | | Regular Registration after | r June 15 Subtotal |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|--------------------|
| Full Conference | | | | |
| U.S. Members U.S. Non-Members International Members International Non-Members One Day | • \$450.00 • \$545.00 • \$400.00 • \$545.00 • \$200.00 | | • \$550.00 • \$645.00 • \$550.00 • \$645.00 • \$200.00 | \$ |
| Pre-Conference Programs | | | | |
| Peanut Ball | | • \$60.00 early/re | egular registration | \$ |
| Business Training | | • \$60.00 early/re | egular registration | \$ |
| HUG Your Baby | | • \$105.00 early/ | regular registration | \$ |
| Saturday Evening Event - Playi | ng Monopoly with God | | | |
| MembersNon-Members | | | egular registration egular registration | \$ |
| Special Dietary Requirements (| check applicable) | | | |
| VegetarianVegan | Gluten freeDair | y freeNut free | Kosher | No Charge |
| DONA International Membershi Membership fees have been adap www.DONA.org, email info@DON | ted to country of origin. If y | | | |
| • One Year • Two Years • Three Years | roup A (U.S. / Canada) • \$100.00 • \$190.00 • \$280.00 | Group B (Mexico) | Group C (Philip | pines) |
| Total Enclosed (all payment mu | st be in US funds) | 1 | 1 | \$ |

| l of | Payment | | | | |
|------|----------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|------------------|--|
|) | Check or Money Order # | (USD only—p | (USD only—payable to DONA International) | | |
|) | VISAMaster CardAn | nerican ExpressDiscover | | | |
| | Name on Credit Card | Credit Card Number | CCV# | Expiration | |
| | Signature | | | Date | |
| 0 | Easy on-line registration at www.E | OONA.org | | | |
| 0 | Mail completed registration form (bot Annual Conference, DONA Internationm (two pages) with credit card pay | tional, 35 East Wacker Drive, Su | | IL 60601 Fax con | |