

REGISTRATION FORM – Part 1

Please print and mail or fax to the DONA International Home Office or register on-line at www.DONA.org

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

E-mail Address First DONA 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
- 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, August 6th – 10:30 am – 12:00 pm

____ 101 _____ 104
____ 102 _____ 105
____ 103 _____ 106

Friday, August 6th – 3:15 pm – 4:45 pm

____ 201 _____ 204
____ 202 _____ 205
____ 203 _____ 206

Saturday, August 7th – 10:15 am – 11:45 am

____ 301 _____ 304
____ 302 _____ 305
____ 303 _____ 306

Saturday, August 7th – 3:30 pm – 5:00 pm

____ 401 _____ 404
____ 402 _____ 405
____ 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 e-mail address.

Signature Date

