



Toronto AcuBirthing

easing transitions from pregnancy to motherhood

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YIN BIRTH/YANG BIRTH:
Chinese Medicine Basics for
Birth Professionals

November 20th (10:30am-4pm)

Tuition: \$150

Registration Date: _____

CONTACT INFORMATION

Registration form containing fields for: First & Last Name, Phone number, Email, Registration information (Regulated/Unregulated Profession/Student), Previous training, Health conditions, Workshop awareness, Email list preference, and Payment options.

Table with 3 columns: Emergency Contact Info, Contact Name, Phone #

Waiver Form

I, the participant release the organizers of the event and their directors, sponsors, employees and agents from any liability for death, disability, injury and property damage. The participant acknowledges the risks involved with participating in this workshops, and assumes all responsibility, and waives any claims s/he may have. The participant agrees that they have informed the organizers of any relevant medical (health or mental) concerns that they may have. *In signing this form I am acknowledging that I understand and agree to the refund and cancellation policies and waiver.

Print name: _____ Signature: _____ Date: _____

For office use only

Paid in Full: \$_____ PayPal etransfer