

<b>Birthingway Non-credit Workshop:</b>	<b>Description:</b>
<h1>Biodynamic Resuscitation of the Newborn Initial Training</h1>	Birthingway certification in neonatal resuscitation including use of bag/valve/mask. For practitioners who have never been certified in neonatal resuscitation, who want a thorough review, or whose previous training was over two years ago. Instructor: Denise Clark, BA, EMT-P

**Date / Time / Location:**  
 Biodynamic Resuscitation of the Newborn - Initial Training ~ March 9, 2012 ~ 9:00am - 5:30pm  
 Birthingway College of Midwifery - Carlton House 12108 SE Carlton St., Portland, OR 97266

**Cost:**  
**Neonatal Resuscitation Initial fee: \$105**  
 Registration Deadline: March 2, 2012 at 4:30pm . After this date and time, an additional \$75 late registration fee (non-refundable) is required. Sorry, no walk-in registrations on the day of the workshop will be accepted.

**Required Course-pack / Equipment**  
 Course-pack Required: \$10

**Refund Policy:**  
 Written notice is required to receive a refund. If written notice is received up to seven calendar days prior to the first day of class, you will receive a 95% refund of the course fee. After that point, 80% of the course fee will be refunded *up to the first class day*. **No refund will be given on or after the first class day.** Late registration and course-pack fees are non-refundable. If the minimum enrollment of 5 is not achieved, the course will be canceled and you will receive a 100% refund. Please allow four to six weeks for receipt of refund.  

*Please detach registration form here.*

<b>Winter 2012 Biodynamic Resuscitation of the Newborn Initial Training – Registration Deadline 3/2/12 at 4:30pm</b>	
Biodynamic Resuscitation of the Newborn Initial Training fee: \$105 + \$10 Course-pack (required) = \$115	\$
\$75 Late Registration fee (non-refundable) if registration is received after 4:30pm on 3/2/2012	\$
<b>TOTAL</b>	

Payment method: (please circle)     Check/Money Order                       Cash                       PayPal (see below)

**Name** (First, Middle Initial, Last) \_\_\_\_\_

**Address, City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

- We must receive this completed registration form AND full payment to register you for this workshop.
- Please make check/money order payable and mail to the address below.
- Credit card payments are accepted through PayPal by visiting <http://www.birthingway.edu/payment.htm>. You don't need a PayPal account to pay with your credit card. By paying through PayPal, you agree to the terms and conditions on our payment page. **You must include a copy of your PayPal payment confirmation with your registration form.**
- Birthingway cannot accept third-party PayPal payments. The name on the credit card/account must be the same as the student taking this workshop.

<b>OFFICE USE ONLY</b>	
Date/time/payment/initial _____	
Please route in this order:    _____ FIN    _____ REG    _____ FIN    _____ LRC    _____ OPS    _____ SPC	
Amount needed to clear registration: \$ _____	Amount Paid: \$ _____    Date/Time: _____
Method: _____	Reference #: _____