



How to Start a Birth Center

WORKSHOP REGISTRATION

Copy this form to register additional team members.

- HS1604: April 19-20, 2016 - Denver, Colorado
- HS1607: July 15-16, 2016 - Houston, Texas
- HS1609: September 21-22, 2016 - Pittsburgh, Pennsylvania
immediately precedes the AABC Birth Institute
- HS1611: November 14-15, 2016 - Seattle, Washington

Name: _____ Credentials: _____

Workplace: _____ Title: _____

Phone (work home cell): _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Emergency Contact Person with Phone #: _____

Dietary Restrictions: None Vegetarian Vegan Food Allergy, specify: _____

REGISTRATION FEE:

- AABC Members:
- \$595 Member Registration
 - \$525 Additional Member Registration from same organization
 - \$395 Full-time Student Member Registration - Name of School: _____
 - Free Developing Birth Center Member

- Non-Members:
- \$695 Non-Member Registration
 - \$625 Additional Non-Member Registration from same organization
 - \$450 Full-time Student Non-Member Registration - Name of School: _____

How did you hear about this workshop? _____

BECOME A MEMBER & SAVE!

Join now and take advantage of the member savings on the registration fee.

- Developing Birth Center Member - First Year Dues \$1210**
Designed especially for individuals, groups or institutions exploring the establishment of a birth center. Benefits: 1 FREE registration to the Birth Center Workshop, Workshop Manual, Information Packet, sample Policies and Procedures Manual, Standards, AABC Uniform Data Set, participation in AABC Sisters Center Program, discounted member rates for AABC events and publications, AABC News, telephone information network, membership directory. Renewal does not include workshop registration. Renewal dues for a Developing Birth Center Member are \$695.
- Individual Members - Dues \$110**
For individuals only. Benefits: AABC News, membership directory and discounted member rates for AABC events and publications.
- Associate Members - Dues \$50**
For full-time students, retirees, and/or health care workers earning less than \$15,000/year. Benefits: AABC News, membership directory and discounted member rates for AABC events and publications.

PAYMENT METHOD:

- Enclosed is check payable to **AABC** for \$_____.
 - Authorized Purchase Order # _____ \$_____
 - Visa MasterCard American Express \$_____
- Card # _____ Expiration Date: _____ Security Code _____
 Name on Card: _____ Authorized Signature: _____
 Billing Address: _____

SEND TO:

American Association of Birth Centers (AABC)
 3123 Gottschall Road - Perkiomenville, PA 18074
 Tel: (215) 234-8068 - Fax: (215) 234-8829 - www.birthcenters.org