

New View Hypnosis

www.newviewhypnosis.com
newviewcrew@yahoo.com
(510) 522-5529

HypnoBirthing® - The Mongan Method Registration Form

**Please complete this Registration Form and mail it with your \$50 (non-refundable) deposit to:
New View Hypnosis/Pamela Galtelli: 1331 Burbank Street, Alameda, CA 94501**

Are you registering for:

- Weeknight Group Saturday Group Weeknight Private Saturday Private

Which class are you registering for: _____

Class enrollment is on a first paid, first reserved basis. Please call or email to check availability. If the class you are requesting is full, I can add you to the wait list.

The Workshop fee covers the entire 5-class HypnoBirthing program for the mother and birth companion.

Mother's Name	
Email Address & Telephone Number	
Mailing Address	
Birth Companion's Name	
Birth Companion's Email Address & Telephone Number	
Birth Companion's Mailing Address	
Relationship to Mother (spouse, partner, friend, family member, doula, other)	

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Mother's Age (Under 20, 20-29, 30-39, 40+)	
Is this your First Child? If no, how many other children do you have?	
Estimated Due Date?	
Planned Birthing Environment? (Hospital with OB, hospital with midwife, birth center, home, other)	
If Hospital or Birth Center, please list the facility name	
Care Provider (OB or Mid-Wife) Name	
Are you using a Doula? If yes, what is your Doula's name and contact information?	
How did you hear about New View Hypnosis?	

I hereby state that I am enrolling in the HypnoBirthing® class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and body into a state of relaxation. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription of medical procedures. I am aware that I should seek the advice of a health-care provider to answer any health related or pregnancy related issues surrounding my pregnancy, labor and birth. I therefore agree that I will in no way hold the instructor of HypnoBirthing® classes or the HypnoBirthing® Institute, its owners, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, labor, or birth; and I agree that neither I nor any member of my family will make any claim or initiate any lawsuit against any of the above-named parties now or at any time in the future.

Print Name	Sign Name	Date

Please note, once you begin your 5-week class, there will be no refunds