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WORKSHOP APPLICATION FORM

Today's Date:

Name:

Street address:

City:

Zip:

Home phone:

Work phone:

Mobile phone:

Email:

Name of workshop you are applying for:

Workshop dates:

Thank you for applying to this workshop.

To ensure the best outcome for all participants we ask that you agree to the following:

- To abstain from alcohol 24 hours prior to and during the course of the workshop, including evenings
- To abstain from recreational and spiritual drug use one week prior to and during the course of the workshop, including the days between meetings
- To commit to staying for the duration of the workshop
- To keep evenings after each meeting free of commitments, as we do not know when each day will complete

Please submit this application with a non-refundable deposit of \$200.

CANCELLATION POLICY: If you cancel less than 2 weeks prior to the workshop you will be responsible for full payment of the workshop.

Please Note: Full acceptance into this workshop is determined **after** we have received this application and your completed Adult Intake Form (www.birthinconnection.com/client-forms/). This way we can assess if this type of work appears appropriate for you and supportive of the intentions you have for yourself. If we believe this type of work is not appropriate for you, we will refund your payment in full.

Signature