

Registrant Information:

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Email _____

Please mail or fax your registration to:

**PO Box 191460
San Diego, CA 92159
Fax:(619) 460 -0770**

Class Information:

Name of Class: _____

Location: El Cajon San Marcos Otay Mesa Point Loma Mission Gorge Allied Gardens
 Hillcrest La Jolla / University City

1st Choice Date _____ Time _____ am / pm Wait list if full

2nd Choice Date _____ Time _____ am / pm Wait list if full

Payment Information:

Fee(s) Enclosed \$ _____

Make checks payable to Childbirth Education Association or use your VISA / MasterCard

VISA /MasterCard # _____ Exp Date _____

Signature _____

Your registration will be completed and confirmed when your payment has been received.

Billing Address (if different from registrant information):

Name _____
Address _____
City _____ State _____ Zip _____

We also offer the informative web-enhanced parent-guide "Childbirth" for sale in our classes for just \$5.00. Instructors can accept check or cash only.

This is optional, and not required to attend our classes.

If you have any questions, please call CEA at 619-460-505

*-A \$15.00 handling fee will be charged for cancellation of registration prior to the first class session. **No refunds** will be given for cancellation after the beginning of the first class session.*

-Please call our office as soon as possible if you wish to cancel your registration, or if payment has not been mailed within three weeks of receipt of this notice.

*-A \$20.00 charge will apply for a returned check. ***Classes are subject to change to a different location and date if minimum enrollment is not met. You would be notified within 7 days prior to the start date of the class you are registered in.*