

Course Registration Form

Please print the following form, fill in your information and mail with credit card authorization, check or money order in U.S. funds (do not send cash) to:

Seattle Midwifery School, 4000 NE 41st St, Bldg D, Suite 3, Seattle WA 98105

You may also fax your registration to: 206.328.2840

Or you may register over the phone at: 800.747.9433



Name: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Phone Numbers: (day) _____ (evening) _____

Email: _____

Course Number	Course Name	Course Date	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Course registration total \$ _____
(registration fee is minimum
required to reserve your space
in a class)

Tax-deductible donation to SMS \$ _____

TOTAL ENCLOSED \$ _____

_____ I have read and understood the transfer/refund policy.
(please initial)

FOR OFFICE USE ONLY

Date Received _____

Amount \$ _____

(circle one) CK CC MO

Receipt # _____

ID# _____

Initials _____

Enclosed please find my:

_____ check (in US dollars) _____ money order (in US dollars) _____ credit card information

For your security, this portion of the registration form is destroyed once your payment has been processed.

We accept registrations with credit card payments by mail, phone, and fax.

Visa MasterCard Discover (circle one)

Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____