



SEATTLE
MIDWIFERY
SCHOOL

EDUCATION
ADVOCACY
EMPOWERMENT

Course Registration Form

Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Phone (day) _____ (evening) _____ E-mail _____

Course Number	Course Name	Course Dates	Credits/Contact Hours	Tuition/Fees

Course registration total \$ _____
Tax-deductible donation to SMS \$ _____
TOTAL ENCLOSED \$ _____

FOR OFFICE USE ONLY

Date Received _____
Amount \$ _____
(circle one) CK CC MO CA
Rcpt# _____
ID# _____
Initials _____

Enclosed please find my:

- Check (in US dollars, payable to "SMS")
- Money Order (in US dollars, payable to "SMS")
- Credit Card Information (please complete the bottom of this form)

Please read and sign ONE section below that pertains to the type of course for which you are registering.

Non-Credit Courses

I have read and understand the payment and refund policy at www.seattlemidwifery.org/doula_education_registration_policies.htm.

_____ signature

_____ date

--OR--

Credit Courses

By my signature below, I acknowledge receipt of the following:

- Midwifery Education Program Catalog (either downloaded from www.seattlemidwifery.org or a paper copy), which includes the program's cancellation and refund policy
- A course description with any course requirements for my chosen course
- Student policies as they pertain to non-matriculating students (download from www.seattlemidwifery.org/doula_education_registration_policies.htm)

If enrolling in Midwifery Program core courses, I have completed the Midwifery Program Non-Matriculating Application and been approved to enroll.

I affirm that I meet the stated requirements for enrollment in the course(s) and understand the cancellation and refund policy.

_____ signature

_____ date

To be signed by SMS representative upon registration. A copy will be forwarded to the registrant.

_____ signature

_____ date

4000 NE 41st Street, Building D, Suite 3, Seattle WA 98105 • phone 800.747.9433 • fax 206.328.2840

Please circle one:

Visa Mastercard Discover

Card Number _____

Expiration Date _____

Name on Card _____

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