



Lamaze Childbirth Educator Program

DUMC 2722
Durham, NC 27710

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Registration Form

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
City State Zip

TELEPHONE: Home: () _____ Work: () _____
E-Mail: _____ Fax: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

POSITION OR TITLE: _____

Have you ever taught classes for expectant parents? Yes _____ No _____
or assisted with such classes? Yes _____ No _____

Briefly describe your preparation or any certifications for above the teaching: _____

Program fees:

_____ **\$645** New Candidate
*For all individuals pursuing full Lamaze certification.

_____ **\$345** *Experienced Candidate*
*For individuals who have teaching experience (at least 144 hours), but without formal training or certification **OR** who is a CNM/ CNM student.

_____ **Total enclosed**
(Please make checks payable to the Duke AHEC Program. (For credit card payments, contact Tara)
**Above fees include a Lamaze Study Guide, seminar registration, seminar materials, and access to online modules.

Register me for the following Lamaze Childbirth Educator Seminar (select below):

_____ August 26-27, 2009 Raleigh, NC Last Date to Register: July 31, 2009
_____ October 20-21, 2009 Shelby, NC Last Date to Register: September 18, 2009
_____ September 24-26, 2009 Hampton Roads, VA Last Date to Register: August 27, 2009

I hereby affirm that the information given on this form is complete and correct.

Applicant's Signature _____ Date: _____