

Academy of Certified Birth Educators & Labor Support Professionals	
2001 East Prairie Circle, Suite I Olathe, KS 66062-5419 800-444-8223 / 913-782-5116 FAX: 913-397-0933	
B.A.B.E. Registration Form	
Name & Billing Address:	Ship To: (if different from Billing Address)
Home#:	Work#:
Place of Employment:	
Email:	
Course Location:	
Course Dates:	
Eligibility Requirements (fill out one of the following):	
Registered Nurse License #:	
Health Related Field Degree:	
Experience (to be reviewed by committee):	
*Tuition: \$600 Early enrollment: \$575 21 days prior	
Total:	

***Tuition is \$600.00** - a non-refundable course deposit of \$100.00 is due at the time of registration. Balance of tuition due 10 days prior to the first day of class. \$25.00 discount if paid in full 21 days prior to class.

Late Enrollment: Tuition \$600.00 21 days prior to course.

Refund (less \$100 cancellation fee) will be given if written cancellation notification is received 21 days prior to training. No refunds after the 21 day deadline. Fee can be applied to another workshop.

Payment Method

Include your check or money order, made payable to:
Academy of Certified Birth Educators, or credit card information as indicated below.

Check or Money Order (must be received with registration to guarantee enrollment)

Amount enclosed \$ _____

Credit Card:

MasterCard Visa Discover (circle one)

Account# _____ Exp. _____

Signature _____

To process, signature and expiration date are required.

[This file last modified 09/09/09](#)