

**HypnoBirthing® - the Mongan Method**  
**Birthing As Nature Intended**

Teresa Van-Zeller  
Teresa@Hypnosis2000.com  
(818) 884-5156



Enroll for our next HypnoBirthing® class

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Preferred phone

\_\_\_\_\_  
Alternate phone

\_\_\_\_\_  
Preferred email

\_\_\_\_\_  
Permanent Email

\_\_\_\_\_  
Birthing Companion (spouse, partner, etc.)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Birthing Assistant

\_\_\_\_\_  
Relationship (doula, friend, etc.)

\_\_\_\_\_  
Care Provider Name & Title

\_\_\_\_\_  
City

\_\_\_\_\_  
Birthing Facility

\_\_\_\_\_  
City

\_\_\_\_\_  
When is baby expected?

\_\_\_\_\_  
How many weeks pregnant will you be when  
you begin classes?

I wish to enroll for the HypnoBirthing® class beginning (date): \_\_\_\_\_

Location: \_\_\_\_\_

**Tuition fee: \$ 340.00\* Group classes (private classes available)**

***\*Fee includes textbook, audio practice CD, and handouts.***

Birth attendance available.

**Please send this form with a \$ 75.00 tuition deposit to  
Hypnosis 2000, P.O. Box 4146, West Hills, CA 91308  
Make check payable to Hypnosis 2000 (or) Teresa Van-Zeller.**

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date