The Expression Center



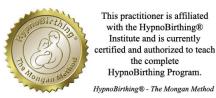
https://theexpressioncenter.com/ HypnoBirthing Class Enrollment

The HypnoBirthing® Institute may contact you for If you consent to be contacted now, please note any time. Be assured that we will not share yo anyone outside the HypnoBirthing	e that you are free to change your mind at our personal identifying information with
Thank you for your help in collecting data to s I do I do not agree to be contact	
I hereby state that I am enrolling in the HypnoBir the understanding that this is a program desig abilities to bring my mind and my body into a state the content of these classes is in no way intended as a prescription for medical procedure. I am a health-care provider to answer any health-surrounding my pregnancy, I therefore agree that I will in no way hold Patrice HypnoBirthing® classes, or the HypnoBirthi representatives responsible for any special circum pregnancy, my labor, or the birth of my baby; and my family will make any claim or initiate any suit now or at any time if also agree not to record any of the	ned to teach me to use my own natural ate of relaxation. I further understand that d to be represented as medical advice nor aware that I should seek the advice of a related or pregnancy-related issues my labor, or my birth. Sia M. Castellanos the instructor(s) of the ing Institute®, its owner(s), and/or its instances that could arise as a result of my d I agree that neither I nor any member of the against any of the above-named parties in the future.
Signature	Date
Printed Name	
Tuition - Group Classes: \$445.00 Private Book, Workbook, Audios, Handouts	

Patty M. Castellanos LMHC, C.Ht, HBCE

Non-refundable deposit of \$95.00 is required to hold class space Payment in FULL is due on 1st day of Class

Cell: (305) 562-3699 Email: <u>patty@theexpressioncenter.com</u> https://theexpressioncenter.com/ facebook page: facebook.com/pmcexpression



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HypnoBirthing Class Enrollment Se Habla Español

Name	Please select your pronoun She He The
Birth Companions Name	
	ons identifying term for use in the birth journey: other
Complete Address	
Phone(1)	Phone(2)
Email(s)	
	Relationship
Due Date Birthing Location	
Doctor/Midwife	
Referred By	
I wish to enroll for HypnoBirthing® classes starting on	
Weeks pregnant when class starts wks Comment	
Patricia M. Castellanos 1 (305) 562-3699	
Paid deposit \$	elle 🗌 Paypal Date
Paid balance \$	elle 🗌 Paypal Date
Total Fee \$ Group Private - Payment in FULL due 1st day of Class	
for HB Childbirth Educator use:	
	eture Class Report Birth Story