



SMC FULL CIRCLE DOULA BIRTH COMPANION TRAINING GROUP REGISTRATION

SMC Full Circle Doula® Training Group Registration Form: Process Overview

Please submit your application 3 months prior to the first day of the proposed training date. Once reviewed, the coordinator will contact you to discuss SMC Full Circle Doula® Training goals, roles and responsibilities, and confirm your training. Please e-mail trainings@shafiamonroe.com with questions, suggestions, and/or have missed a training or application deadline.

Group Registration Fees and Guidelines

- \$13,349.25 base price for 3 1/2-day training, up to 15 students
- \$889.95 registration fee per individual when registered as part of a 15-student base group.
- \$9,423.00 base price for all 3 1/2-day sessions, up to 10 students
- \$942.30 registration fee per individual when registered as part of a 10-student base group.
- A 10-student base minimum is required to process this application.
- Payment in full for the selected Group Rate (see chart table above) must be paid in full no later than 6 weeks prior to the training start date.
- “Extra student” registration and payment must be received within two weeks prior to the training
- Training date(s) or may not be accepted.

| Group and Individual Rates (Subject to Change) | Standard | Discount | New Price |
|---|-----------------------|-----------------------|-----------------------|
| Base price for 3 1/2-day training, up to 15 students | \$15,705.00 | 15% | \$13,349.25 |
| Optional added cost per extra student beyond 15-student base | \$1,047.00 | 15% | \$889.95 |
| Base price for all 3 1/2-day sessions, up to 10 students | \$10,470 | 10% | \$9,423.00 |
| Optional added cost per extra student beyond 10-student base | \$1,047.00 | 10% | \$942.30 |
| Optional added cost for payments by credit card (see ahead) | 2.9% | 0 | 2.9% |
| Optional added cost for international travel (outside US) | <i>Please inquire</i> | <i>Please inquire</i> | <i>Please inquire</i> |

Training Information

| Applicant Information | | | |
|----------------------------------|--------|----------------|-------------|
| Full Name (First, Middle, Last): | | Title: | Credentials |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | State: | ZIP Code: | |
| Primary Phone Number | | General Email: | |
| Business or Organization Name: | | | |

| Training Location, Dates and Times Information | |
|--|-----------------------------|
| City: | State: |
| Training Dates (mm/dd/yyyy) | Training Hours |
| | 10:00am-6:30pm |
| | 8:30am-5:00pm |
| | Saturday from 8:30am-5:00pm |
| | Sunday from 8:30am-5:00pm |

| Training Site Information | | | |
|---------------------------|--------|---------------|--------------|
| Site Name: | | ↑ For-profit | ↑ Non-profit |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | State: | ZIP Code: | |
| Website: | Email: | Phone Number: | |

| Site Contact Person | | | |
|---|---------------------|--------------------------|--|
| First Name | Last Name | Title | |
| | | | |
| Work Phone Number | Mobile Phone Number | Email | |
| | | | |
| Fee Based Yes No | | If yes, cost in full: \$ | |
| How will SMC access during training hours | | Key Site Staff | |

| Transportation Information | | | | | | |
|--|-----------|-------------|--------------|----------------------|-----------|--------|
| Access to public transportation:(Check all that apply) | | Bus | Train | Trolley | Max Train | Other: |
| Is parking available | Yes No | Parking Lot | Side Streets | Number of Cars _____ | | |

| | | |
|--|-----|----|
| Meal Accommodations: Are restaurants and/or health food stores within a 10mile radius of training site? | | |
| Are restaurants and/or health food stores within a 10mile radius of training site? | Yes | No |

| <i>Restaurants</i> | <i>Natural Food Stores/Other</i> |
|--------------------|----------------------------------|
| 1) | 1) |
| 2) | 2) |
| 3) | 3) |
| 4) | 4) |

| | |
|---|-------------------------|
| Hotel Accommodations: Please list local area hotels within 10 miles of the training site | |
| <i>STAR RATING:</i> ★★★★★ | <i>STAR RATING:</i> ★★★ |
| 1) | 1) |
| 2) | 2) |
| 3) | 3) |
| 4) | 4) |

| |
|------------------------|
| Other Amenities |
| |
| |
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| |

Training Site: Memorandum of Understating (MOU)

() I confirm that the training site has accommodations for: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> The minimum of 25 people, or list how many people _____ | <input type="checkbox"/> Carpet Floor or clean area rug. |
| <input type="checkbox"/> 25 chairs and 3 tables, 4ft and 6ft long or list how many chairs _____ | <input type="checkbox"/> Windows |
| <input type="checkbox"/> VCR/DVD with monitor | <input type="checkbox"/> Place for preparing food |
| <input type="checkbox"/> CD player | <input type="checkbox"/> In walking distance of local restaurants for lunch on your own |
| <input type="checkbox"/> Flip chart easel stand | <input type="checkbox"/> On bus/train routes to and from training site |
| <input type="checkbox"/> 4 birth balls (2 medium, 2 large) different sizes) | <input type="checkbox"/> Three-star and four-star Hotel are within 10 miles of training site |
| <input type="checkbox"/> 3 -5 Electrical Wall Outlets | |

() I understand that all media, including photographs, audio and video recordings and other forms of media taken during the proposed training listed on this memorandum are property of SMC.

By signing below, I agree to the role of Sponsor as it relates to the proposed SMC Full Circle Doula Birth Companion Training in this application. I agree to function as the main contact in my state as it relates to this training, help in the training with set-up, breakdown, serve as a timekeeper and other duties. I will help promote the training with flyers, Facebook and other social media, and word of mouth. Additionally, I will communicate with the SMC Doula Training Coordinator on a regular basis and will send the names of local newspapers in my area to advertise at least 6 weeks before the training.

This is not a contract and it can be cancelled by either party if there are less than 15 registered students, loss of a training site, or a natural disaster. All cancellations must be in writing and emailed to trainings@shafiamonroe.com at least 6 weeks prior to the training start date.

| | |
|---------------|--|
| Organization: | |
| Full Name | |
| Title | |
| Date | |
| Signature | |

| | |
|--------------------------|----------------|
| Shafia Monroe Consulting | |
| Full Name | Kamaria Wilson |
| Title | |
| Date | |
| Signature | |

| Group Registration List | | | | |
|--------------------------------|-------------------|------------------|--------------|--------------|
| # | First Name | Last Name | Phone | Email |
| 1 | | | | |
| 2 | | | | |
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| 20 | | | | |

| Invoicing: Third Party Funding Source | |
|--|--|
| <i>Name</i> | |
| <i>Company Name</i> | |
| <i>Department</i> | |
| <i>Street Address</i> | |
| <i>City, State, Zip Code</i> | |
| <i>Phone Number</i> | |
| <i>Email</i> | |

| Pay with Visa, Mastercard, American Express or PayPal | |
|--|---|
| <i>By Phone</i> | Contact Kamaria Wilson, Accounts Coordinator, at 617-751-8928 |