Conference Deadline, Tuition and Fees

- Registration Deadline is May 27, 2005
- Registration after that date must include a $35 late fee
- Discounted lodging is available for the first 10 students registering before the deadline for $20 per night, $10 per night each additional adult family member, $5 per night each additional child family member.
- Shuttle service is available for $35 round trip per person ($5 per additional family member).

Name______________________________
Address_________________________________________________________________
_______________________________________________________________________
Email________________________________________Phone #____________________

☑ I was enrolled in MCU prior to February 1, 2005. Please refer to previous tuition rates.
☑ I was enrolled in MCU after February 1, 2005

Courses
Mark the courses you would like to enroll in. Please check the appropriate box if you have previously paid for a course through the Yearly Lump Sum Program or another arrangement.

☑ $400.00 COMM 214 Midwifery Support Skills, 2 cr.
☑ I have previously paid for this course. Then pay $30 conference fee.

☑ $215.00 MDWF 346 Suturing 1, 1 cr.
☑ I have previously paid for this course. Then pay $30 conference fee.

☑ $395.00 BOTNY 150 Herbology Intensive, 2 cr.
☑ I have previously paid for this course. Then pay $25 conference fee.

☑ $405.00 PHYT 140 Aromatherapy Intensive, 1 cr.
☑ I have previously paid for this course. Then pay $20 conference fee.

☑ $150.00 NRP Includes lunch

☑ $40.00 CPR Recertification

☑ $35 Perinatal Psychology workshop
Includes lunch

$___________Sub Total

Lodging & Shuttle Service
Please make a note if you wish to reserve a whole room for yourself or your family for $65 per night (limited single rooms available).

|$20 |$10 |$5 Sunday, June 5 |$20 |$10 |$5 Wednesday, June 8
|$20 |$10 |$5 Monday, June 6 |$20 |$10 |$5 Thursday, June 9
|$20 |$10 |$5 Tuesday, June 7 |$20 |$10 |$5 Friday, June 10

$___________Personal Lodging $___________Additional Family Members Lodging $___________Additional Family Member Shuttle Service

$___________Sub Total

Meal Plan
Meals can be purchased for the following prices:
Breakfast: $5.00
Lunch: $7.50
Dinner: $7.50

Special Dietary Requests
Children 3 and under are free and children 4 – 12 are 1/2 price. Please check the following meals you wish to purchase on the chart below. Indicate the ages of children included per meal.

<table>
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<tr>
<th>Time</th>
<th>Sunday</th>
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<th>Thursday</th>
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<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>6:30 a.m.</td>
<td></td>
<td>☑ Breakfast $5.00</td>
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<tr>
<td>7-12</td>
<td></td>
<td>Midwifery Support Skills</td>
<td>Midwifery Support Skills</td>
<td>7-9 CPR</td>
<td>Recert</td>
<td>Perinatal Psychology</td>
<td>Midwifery Support Skills</td>
<td>Herbolgy 8 a.m. - 12</td>
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<td>12:00 p.m.</td>
<td></td>
<td>☑ Lunch $7.50</td>
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<tr>
<td>1-6</td>
<td></td>
<td>Aromatherapy</td>
<td>Suturing I</td>
<td>NRP</td>
<td>Suturing I</td>
<td>Midwifery Support Skills</td>
<td>Herbolgy 1 p.m. – 5 p.m.</td>
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<td>6:00 p.m.</td>
<td>☑ Dinner $7.50</td>
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$_________Sub Total (Remember that lunch is included for those taking NRP and Perinatal Psychology; do NOT check the box if you are taking these courses. Meals are included for children in childcare.)

**Childcare**
$20 per session or $35 for all day. Siblings will be $8 for one session and $12 for a full day. Check which sessions you wish to have childcare available. Meals are included with childcare cost.

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<thead>
<tr>
<th>Time</th>
<th>Monday</th>
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<th>Wednesday</th>
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Please indicate how many children, their ages and any special needs.

Child Name_________________ Age_____ Special Needs____________________
Child Name_________________ Age_____ Special Needs____________________
Child Name_________________ Age_____ Special Needs____________________
Child Name_________________ Age_____ Special Needs____________________

$_________Sub Total

$_________Grand Total

**Payment Method**

☑ Check ☑ Money Order Amount $_________

Credit Card: ☑ VISA ☑ Master Card
Card #:_________ - _________ - _________ - _________ Exp. Date: _____/_____

Signature________________________________ Date________________

Midwives College of Utah
560 South State St., Suite B-2 ● Orem, Utah 84058
866-764-9068 ● 801-764-9068 ● fax 775-245-4255