

Doula Care Registration Form

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Estimated Due
Date: _____

Doula Care \$750.00

Please return form with \$200.00 (non-refundable) deposit. Deposit is applied to total cost of Doula care. Balance due on prenatal home visit. (\$100.00 added for North Miami & Broward County locations) If labor exceeds 24 Hours, \$35.00 p/hour will be paid to Debra post birth.

Name on Card: _____

MC/Visa/Amex Card # _____

Expiration: _____

V Code _____

Amount: _____

Deposit: _____

Balance Due: _____

Signature: _____

Check or Money Order to:

Debra Geymayr
P.O. Box 143663
Miami , FL 33114

For further registration information please contact Debra at 305-279-1322