



www.labirthbliss.com
johanna@labirthbliss.com
(310) 528-2784

**Please complete this registration form and mail it with your payment (if paying by check) to:
LA Birth Bliss / Johanna Nagel-Kim: 1529 Carver Street, Redondo Beach, CA 90278**

HypnoFertility Group Session Registration Form

The fee for the group session is \$375 per couple.

Class enrollment is on a first pay, first reserve basis. The classes generally fill up several weeks in advance.. There are occasionally cancellations, so please request to be added to the wait list if your first choice sessions is initially full. In the unlikely event that there are less than 3 couples scheduled to take a session, it may be cancelled. In that event, you will be offered another class, or will be refunded.

The session fee covers the entire program the couple, the classes, a hypnosis CD, and class handouts.

Payment can be made by check or PayPal.

- Checks should be made out to "Johanna Nagel-Kim".
- If you prefer to pay via PayPal, state that on your registration form and a PayPal invoice will be sent to you.

Name	
Email Address	
Mailing Address	
Telephone	
Age	
Occupation	
Partner's Name	
Partner's Email Address	
Partner's Age	

Partner's Occupation	
Have you previously been pregnant? <i>If yes, please specify:</i> <ul style="list-style-type: none"> • <i>Number of prior pregnancies resulting in a live birth</i> • <i>Number of prior pregnancies resulting in a miscarriage</i> 	
Have you or your partner been diagnosed with a specific fertility issue?	
Are you currently seeing a Medical Fertility Specialist? <i>If yes, please state doctor's name and clinic name.</i>	
Are you currently undergoing a Medical Fertility Treatment? <i>If yes, please state which medical treatment and the date that treatment began / will begin.</i>	
Have you previously undergone Medical Fertility Treatments? (IUI, IVF, etc.) <i>If yes, please state which medical treatment and the date of treatment.</i>	
Have you previously used Hypnosis Fertility Treatments? <i>If yes, please state the program name and location.</i>	
Please add any other information related to your journey to conceive a child that you would like to add.	

Will you pay by check or PayPal? <i>(Paying by PayPal may incur a 3% service charge. To avoid transaction fees, please select "Transfer \$ to Friends".)</i>	
Which HypnoFertility session would you like to register for?	
How did you hear about LA Birth Bliss and HypnoFertility?	

"I hereby state that I am enrolling in the HypnoFertility class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and body into a state of relaxation. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription for medical procedures. I am aware that I should seek the advice of a health-care provider to answer any health related issues. I therefore agree that I will no way hold the instructor of HypnoFertility classes or the HypnoBirthing Institute, its owners, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, labor or birth; and I agree that neither I nor any member of my family will make any claim or initiate any lawsuit against any of the above-named parties now or at any time in the future."

Print Name	Sign Name	Date