



CENTERING PREGNANCY

A model for group prenatal care

*Instructional Workshop
offered:*

October 21 & 22, 2005

Zuni IHS Hospital, Zuni, NM

What is CENTERING PREGNANCY®?

- Exciting, new model of prenatal care
- Empowering & Fun!
- Individual attention within a group setting
- Group learning, sharing, and support
- Involves women directly in their own care
- Three care components of: *Assessment, Education & Support*
- Learn more at: www.centeringpregnancy.org

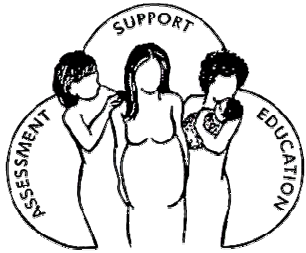
Come to an Instructional Workshop:

- Get set to start a *Centering* program in your community!
- Gain leadership skills to facilitate group discussions
- Learn how to assist women to get more involved in their own care
- Review comprehensive assessment and educational curriculum
- Develop a clear plan to design, implement, and evaluate a group program
- Come to Zuni Pueblo – red rock mesa & high desert country!

For additional information, contact:

Zuni Women's Health Program: Amy Doughty, CNM, 505-782-7555, ajwdoughty@yahoo.com
Nerissa Koehn, MD, 505-782-7541, nkoehn@abq.ihs.gov

Centering Pregnancy: Sharon Schindler Rising, 203:271-3632, rising@centeringpregnancy.org



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Zuni IHS Hospital, Zuni, NM ~ October 21 & 22, 2005

REGISTRATION FORM

NAME/TITLE _____ PHONE: _____

CENTERING PREGNANCY
A Model for Group Prenatal Care

PROGRAM / INSTITUTION: _____

ADDRESS: _____ EMAIL: _____

Please make 2 copies of registration form. One copy each to:

- * Zuni IHS Hospital for conference fee
- * Centering Pregnancy for optional Centering Handbook

*****Registration due:
September 16th, 2005 *****

FEES:

Approved for 12 CME or 1.2 CEU

\$125/ per Participant

Please make checks payable to:
Zuni IHS Hospital
c/o Zuni Women's Health Program
PO Box 467
Zuni, NM 87327

Vegetarian meal option please

\$125/ per Centering Handbook

(*discounted conference price)
Please make checks payable to:
CPPA
50 Mountain Rd
Cheshire, CT 06410 *or* Fax: #203-271-2417

METHOD OF PAYMENT

Check \$TOTAL _____

Credit Card \$TOTAL _____

NAME on Card _____

CARD # _____

EXPIRATION DATE _____