



International Childbirth Education Association

ICEA Approved Workshop Annual Training Report Ending _____ (enter year)

TODAY'S DATE: _____ IAT NAME: _____

EMAIL: _____ PHONE: _____

DATES OF WORKSHOPS	LOCATIONS (CITY/STATE)	SPONSORS (GROUPS/HOSPITALS/OTHER ORGANIZATIONS)	# OF PARTICIPANTS	WORKSHOP FEE CHARGED
TOTAL # OF WORKSHOPS HELD =	<i>(additional copies may be made as needed)</i>		TOTAL NUMBER OF PARTICIPANTS TRAINED =	