

To: \_\_\_\_\_ Fax: \_\_\_\_\_

From: Myrna Pulido/Jill Franks Phone: 626-240-0121 Return Fax: 626-792-4337

Wet Set Gazette  
40 E. California Blvd., Pasadena, CA 91105-3203  
E-mail: thewetset@dy-dee.com



## Doula/Labor Assistant Resources Listing (Group or Service)

Today's Date: \_\_\_\_\_

Name of Business/Group: \_\_\_\_\_

Website/email: \_\_\_\_\_

General Phone Number: \_\_\_\_\_

Toll Free Phone Number: \_\_\_\_\_

Location (City): \_\_\_\_\_

Geographic regions you service:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Inland Empire | <input type="checkbox"/> San Fernando Valley | <input type="checkbox"/> Santa Monica & West L.A.   | <input type="checkbox"/> Newbury Park,<br>Thousand Oaks<br>and Westlake Village |
| <input type="checkbox"/> Los Angeles   | <input type="checkbox"/> San Gabriel Valley  | <input type="checkbox"/> South Bay/LongBeach/Downey |   |
| <input type="checkbox"/> Orange County | <input type="checkbox"/> Santa Clarita       | <input type="checkbox"/> Ventura                    |   |

Check Degrees held by your staff/members:

- RN     LVN     BA/BS/BSN     MA/MS/MN     LVN

Check Certifications held by your staff/members:

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> CD (DONA)         | <input type="checkbox"/> CAPP (certified) | <input type="checkbox"/> ALACE (certified)      | <input type="checkbox"/> ICCE/ICEA |
| <input type="checkbox"/> LCCE (Lamaze)     | <input type="checkbox"/> AAHCC (husband)  | <input type="checkbox"/> HBCE / HCCE (hypnosis) |                                    |
| <input type="checkbox"/> ACE (alternative) | <input type="checkbox"/> ACHI (home)      | <input type="checkbox"/> CCE (educator)         |                                    |

Describe what makes your group/service UNIQUE (i.e., staff, number of births attended (approx), specialties, additional services offered), or other pertinent info in **50 words or less**:

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*(Information below this line will not appear in the Wet Set Gazette. This information will help us to better serve the expectant and new parents in the community and to keep in touch with services and programs offered by you.)*

Contact person (1) for childbirth/maternity services information: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact person (2) for childbirth/maternity services information: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Doula/Labor Assistant Resources Listing (Group or Service)

We'd like to send you a bi-monthly copy of the Wet Set Gazette. Please provide us with a name and address to which you would like the copy sent): \_\_\_\_\_

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Name of anyone at your business who might be interested in writing occasional articles for the Wet Set Gazette on topics including fertility, pregnancy, childbirth, breastfeeding, newborn care, pre- and post-natal care and other related subjects:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Thank you for your participation!**

**Please return this fax to:  
626.792-4337**

**If you have any questions contact the Wet Set Gazette [9:00 a.m. to 4:00 p.m. Monday thru Friday] or leave a message at 626.240.0121.**