

Vermont Lactation Consultant Association, Inc.
Seventeenth Annual Professional Lactation Conference
April 15 & 16, 2010

Registration Form

Please legibly print your name as you want it to appear on your name badge.

FIRST Name _____ LAST Name _____
 This is your name badge information. Include up to two credentials.

Address _____
 Please specify: home address or work address

City _____

State, Zip/Postal Code _____

Home Phone _____ Work Phone _____

Work Place, City _____

Email Address _____
 home address or work address

Tuition

Tuition Includes: Program syllabus, handouts and bibliographies, lunch and refreshment breaks, and a continuing education certificate.

IMPORTANT: Check the day(s) you plan to attend:

- Thursday, April 15** (Peter Hartmann)
- Friday, April 16** (Diana West)

Choose your entrée:

Thursday:

- Chicken Cardinale
- Vegetarian Manicotti
- Chicken Caesar Salad

Friday:

- Pecan Encrusted Chicken
- Vegetable Mediterranean Couscous
- Chicken Caesar Salad

Early registration - Deadline 3/29/2010		
2010 VLCA Member <input type="radio"/> 1 Day \$130 <input type="radio"/> 2 Days \$215	Non-member <input type="radio"/> 1 Day \$140 <input type="radio"/> 2 Days \$225	Physician (if CME credits desired) <input type="radio"/> 1 Day \$220 <input type="radio"/> 2 Days \$345
2010 VLCA Member <input type="radio"/> 1 Day \$140 <input type="radio"/> 2 Days \$235	Non-member <input type="radio"/> 1 Day \$150 <input type="radio"/> 2 Days \$245	Physician (if CME credits desired) <input type="radio"/> 1 Day \$230 <input type="radio"/> 2 Days \$365

Tuition \$ _____
 VLCA Membership dues \$25 _____
 (Do not pay if attending at non-member rates)

Amount Enclosed \$ _____

Employer Amount to be paid by March 29, 2010 \$ _____

Mail to:

VLCA Conference
PO Box 32
Starksboro, VT 05487