

Vermont Lactation Consultant Association, Inc.

26th Annual Professional Lactation Conference

May 9 & 10, 2019

Registration Form (Please PRINT or TYPE)

First Name _____ Today's Date _____

Last Name _____
(As it should appear on your name badge. Include up to two credentials)

Address _____
(Please specify: home address ___ or work address ___)

City _____

State/Province _____ Zip/Postal Code _____

Home Phone _____ Work Phone _____

Employer / City _____

Email Address _____
(home _____ or work _____)

Check the day(s) you plan to attend:

- Thursday, May 9** (Maya Bolman / Dawn Kersula)
 Friday, May 10 (Rachel Hess / Jessilyn Dolan / Kersula)

Choose your entrée

- | | |
|---|---|
| Thursday
<input type="checkbox"/> Chicken
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Chicken Caesar Salad | Friday
<input type="checkbox"/> Chicken
<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Chicken Caesar Salad |
|---|---|

Tuition

Early Registration	<i>Postmarked on or before 4/12/2019</i>	
VLCA Member _____ 1 day: \$190 _____ 2 days: \$275	Non-Member _____ 1 day: \$200 _____ 2 days: \$285	Physician (if CME credits desired) _____ 1 day: \$280 _____ 2 days: \$405
Final Registration	<i>Postmarked after 4/12/2019 Deadline 4/26/2019</i>	
VLCA Member _____ 1 day: \$200 _____ 2 day: \$285	Non-Member _____ 1 day: \$210 _____ 2 day: \$295	Physician (if CME credits desired) _____ 1 day: \$290 _____ 2 days: \$425

Tuition (Thursday and/or Friday)	\$ _____
VLCA Membership dues \$25	\$ _____
<small>(Do not pay if attending at non-member rates)</small>	
Amount Enclosed	\$ _____
Employer Amount to be paid by April 26, 2019	\$ _____

Mail Registration Form to:
VLCA Conference
PO Box 32
Starksboro, VT 05487