

Registration for Professional Workshop

Personal Information:

Name:		
Address:		
Phone:		
Email:		
Credit Card:	Exp: / /	Code:
*Please be advised that your credit card information will be used to reserve your appointment, in the result of a no show or failure to cancel appointment with a 12-hour notice there will be a \$50 service charge. By signing this form you give LCA permission to bill charges related to your workshop.		

Professional Information:

Professional Position (circle): Physician, NP, Midwife, RN, Chiropractor, Labor Doula, Antepartum Doula, Post-Partum Doula, Childbirth Educator, Lactation Educator, Student, Other :
Employer or School if student:
If student, program of study:
What's your ideal client load/schedule:
Certifying Agency:
Certification:
Certification Date (or expected certification date):

A questionnaire sometimes makes it difficult to adequately describe your complete background. Use the space below to give us any additional information necessary to summarize your background and your interest in breastfeeding education.

What is one question you would like to have answered?

What are your goals for attending this class?

