

First Name: _____
Last Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **E-mail:** _____

Employer/Organization Name: _____
Title: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Bus. Phone: _____ **Fax:** _____

NAME as you want it to appear on badge: _____

 Check here if you have a disability and may require accomodation to fully participate.

Please indicate need: _____

ALL REGISTRATIONS: Please check ALL applicable credentials:

CHES Doula IBCLC LD LLLL LNM LPN LSW MD PharmD RD RN
 WIC BF : State _____ Clinic/Provider Name _____ ID# (s) _____
 Other : _____

Registration Costs *(CHECK ONE)*

Healthcare Provider Rate:

\$235 Full Seminar: Wednesday Evening, Thursday, and Friday - includes luncheon and light snacks
 \$135 1-Day Only - includes luncheon and light snacks (Choose **ONE**) Thursday Friday
 \$40 Wednesday Evening Only

The following reduced rate is available for these attendees ONLY! (If eligible Check All Applicable)

La Leche League Leaders and Leader Applicants, Students (with valid student ID), WIC Breastfeeding Program
Contract Staff - (PCs, LSs, IBCLCs-with ID), and/or general public (**non-healthcare providers**) not requiring CEs.
 General Public IBCLC LA LLLL LS PC Student
 WIC BF : State _____ Clinic/Provider Name _____ ID# _____

Reduced Rate:

\$160 Full Seminar: Wednesday Evening, Thursday, and Friday - includes luncheon and light snacks
 \$95 1-Day Only - includes luncheon and light snacks (Choose **ONE**) Thursday Friday
 \$30 Wednesday Evening Only

If you have any questions about registration prices and reduced rate availability please call 601-566-0201

Attendee Name: _____

Lagniappe: (A little something extra)

Breakfast Tickets: _____ indicate # \$10 Total \$ _____

Extra Lunches: Indicate number of each selection below \$25 Total \$ _____

Thursday Luncheon _____ indicate # Vegetarian _____ indicate # Chicken _____ indicate # Catfish

Friday Luncheon _____ indicate # Vegetarian _____ indicate # Salad _____ indicate # Linguini

The Following Pre-Order Items are only available on registrations received before March 1, 2010

Pre-Order Syllabus (\$25.00 each) _____ indicate # Printed _____ indicate # Flash Drive Total \$ _____

Pre-Order Books (indicate quantity per title below) Total \$ _____

Title	Author	Price	Qty	Amt Due
Best Medicine: Human Milk in the NICU	Lois D.W. Arnold	32.95		
Biological Nurturing: Laid Back Breastfeeding DVD	Suzanne Colson	98.00		
Breastfeeding and Human Lactation, 4 th Edition	Jan Riordan	122.95		
Breastfeeding A-Z: Terminology and Telephone Triage	Karin Caldwell	49.95		
Breastfeeding: An Illustrated Guide to diagnosis and Treatment	Both & Frischknecht	58.00		
Case Studies in Breastfeeding: Problem Solving Skills and Strategies	Cadwell & Turner-Maffei	55.95		
Clinics in Human Lactation: Breastfeeding after Breast & Nipple Procedure	Diana West	18.95		
Clinics in Human Lactation: History & Assessment: It's all in the Details	Denise Altman	18.95		
Clinics in Human Lactation: Non Pharmacologic Treatments for Depression	Kathleen Kendall-Tackett	18.95		
Coach's Notebook: Games & Strategies for Lactation Education	Linda Smith	48.95		
Colic Solved: The Essential Guide to Infant Reflux and the Care of Your Crying, Difficult-to- Soothe Baby	Bryan Vartabedian	13.95		
Comprehensive Lactation Consultant Exam Review, 2nd Edition	Linda Smith	68.95		
Continuity of Care in Breastfeeding: Best Practices in the Maternity Setting	Karin Caldwell	46.95		
Core Curriculum for Lactation Consultant Practice, 2nd Edition	ILCA	67.95		
Hale & Hartmann's Textbook of Human Lactation	Hartmann	89.95		
Impact/Birthing Practices on Breastfeeding, 2nd ED	Linda Smith	49.95		
Quick Reference for the Lactation Professional	Judith Laurers	41.95		
Supporting Sucking Skills in Breastfeeding Infants	Catherine Genna	52.95		
The Breastfeeding Atlas, 4th edition,	Wilson-Clay & Hoover	59.00		
The Breastfeeding Mothers Guide/Making More Milk	Marasco	17.95		
The Lactation Consultant in Private Practice: The ABCs of Getting Started	Linda Smith	64.95		

Attendee Name: _____

Session Information:Please check the box corresponding to **ALL** sessions you plan to attend.Please be sure to indicate **Entrée Choice** for **each** meal you plan to attend.

Wednesday 4/7		
Optional Evening Sessions		
	O1	Peer Led Study Group
	O2	Putting the Pieces Together

Thursday 4/8		
	E1a	Ethics
	E1b	The Most
	G1	Impact of Birthing Practices
Break-out Sessions (Choose ONE)		
	101	Breastfeeding Games
	102	Breastfeeding Initiatives in LA: Louisiana Breastfeeding Coalition and the GIFT
	103	The Family-Centered Care Approach to Breastfeeding Support
	104	Academy of Breastfeeding Medicine: An Overview
Luncheon	<input type="checkbox"/> Veg <input type="checkbox"/> Chicken <input type="checkbox"/> Catfish	
	G2	The Power of Empowering the Mother
	G3	Supporting Breastfeeding in the NICU
	G4	The Co-Sleeping Controversy
Dinner Options		
	<input type="checkbox"/> Hotel Buffet (\$45) <input type="checkbox"/> Dinner Cruise with Speakers (\$65)	

Friday 4/9		
	E2	From Evidence to Implementation
	G5	Breastfeeding Challenges
Break-out Sessions (Choose ONE)		
	201	Lactation Amenorrhea Method (LAM)
	202	Reinventing the Louisiana WIC Breastfeeding Program
	203	Breastfeeding Games
	204	The Family-Centered Care Approach to Breastfeeding Support
Luncheon	<input type="checkbox"/> Veg <input type="checkbox"/> Salad <input type="checkbox"/> Linguini	
	G6	Vitamin D & the Breastfeeding Dyad
	G7	Yellow Baby Blues
	G8	The Mother-Baby Dyad
	G9	What We Can Learn

Continuing Education Units:

Please check the continuing education units you require: and enter your license/certification number

 CERP lic/cert# CHES lic/cert# CME lic/cert# RD lic/cert# RN lic/cert# IBCLC-to-be

Attendee Name: _____**Total Cost:*****Please check these carefully, be sure you have included everything.*****Reg. Amount:** \$ _____**Breakfast Tickets:** Number: ____ Amount: \$ _____**Extra Lunches:** (indicate choices below) Total Number: ____ X \$25 = **Amount:** \$ _____

Thursday: Vegetarian Number: ____ Chicken Number: ____ Catfish Number: ____

Friday: Vegetarian Number: ____ Linguini Number: ____ Crusted Chicken Salad Number: ____

Thursday Dinner: Buffet (\$45) Number: ____ Cruise (\$65) Number: ____ (Number X Price) = **Amount:** \$ _____**Syllabus:** Printed (number) FlashDrive (number) X \$25 = _____**Pre-ordered Books Amount:** \$ **enter amount from page 2** _____**Registrations after 2/28/2010, add \$50** _____**Payment Info:****Total Amount Due:** \$ from above

Make Checks Payable to:

La Leche League of AL/MS/LA

If paying by credit card:

(check appropriate box)

____ American Express

____ Discover

____ MasterCard

____ Visa

Card number: _____

Expiration Date: _____ Name on Card: _____

Authorizing Signature: _____

Breastfeeding: The Gold Standard ~ Award of Excellence

Would you like to nominate someone from your community who has made a significant contribution in protecting and promoting breastfeeding?

Or does your organization have an award they would like to present at the conference?

Contact Karen:lactation@juno.comNo later than March 8, 2010**Mail registration form and payment to:**

Breastfeeding: The Gold Standard, Laura Goodwin-Wright, 1004 Camellia Circle, Hattiesburg, MS 39401-7535

For more information, call/e-mail:

Laura: 601-566-0201, LLGWright@aol.com

Karen: lactation@juno.com

Online Registration is available: <http://goldstandard.llalmsla.org/>

for best results complete a paper form before entering online form.

Registration and Refund Policy: Please note session choices will not be guaranteed until full registration payment is received. Refunds (less \$25 processing fee) will be processed AFTER conference if written request received no later than March 8, 2010.