

Registration Form **ANNUAL EAST COAST *More Than* LATCH CONFERENCE • February 15-17, 2011**  
 Please Print Legibly!

Name \_\_\_\_\_

Title and Credentials \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

FAX \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please indicate choice of conference dates:	<b>Early Bird</b>	<b>After 1/10</b>
_____ Pre-Conference, February 15 AM only	\$70	\$95
_____ Pre-Conference, February 15 PM only	\$70	\$95
_____ Pre-Conference, February 15 All Day	\$120	\$170
_____ February 16 only	\$140	\$190
_____ February 17 only	\$140	\$190
_____ February 16 & 17	\$255	\$355
_____ Full Conference, February 15-17	\$350	\$495
<b>TOTAL AMOUNT PAID</b>	<b>\$ _____</b>	<b>\$ _____</b>

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR**

IBCLC # \_\_\_\_\_

*Early Bird registrations must be postmarked by January 10, 2012*

Please include my name/address in a participant directory for distribution YES NO

Please indicate if you would like a vegetarian meal YES NO

Please indicate your manual preference HARD COPY ELECTRONIC

METHOD OF PAYMENT:  Check  Money Order  Visa/Mastercard  Online Web Payment

Credit Card Number# \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Make check payable to and mail to: HealthSource for Women 801 Volvo Parkway, Suite 122, Chesapeake, VA 23320.  
 Registration by credit card can be mailed to above address or faxed to (757) 436-2025. Registration by online payment can be made at [www.healthsourceforwomen.com](http://www.healthsourceforwomen.com).

Office Use Only:

Receipt # \_\_\_\_\_

Date \_\_\_\_\_