

4th Breastfeeding and Feminism Symposium: Birthplace to Workplace

Name: _____
(Last) (First) (M.I)

Address: _____

Telephone: _____ Email: _____

Institutional/School Affiliation (if any) _____

Transportation (please choose the following from the following options for **both** days):

Day 1:

Parking Pass Shuttle from the Greensboro Marriott Hotel

Day 2:

Parking Pass Shuttle from the Greensboro Marriott Hotel

If you opt for a parking pass, you will receive the parking pass during morning registration.

Dietary Restrictions (if any, if none, write none) _____

Registration (check all that apply):

- Early Registration before March 03, 2009 - \$180.00
- Full Registration after March 03, 2009 - \$225.00
- Student Registration - \$40.00* Student ID# _____
- Continuing Education Registration - \$15.00 (this is a flat fee).

(Check all CEUs that apply)

- IBCLC
- CHES
- CME
- CNE
- CPEU

* If you are registering as a student you will need to provide your student ID# and will be required to present your student ID at registration

Please remit payment to:

The Center for Women's Health and Wellness
School of Health and Human Performance
University of North Carolina Greensboro
Attn: Beth Haymore
1408 Walker Avenue
401 HHP Building
Greensboro, NC 27412

Do not send cash. We will only accept money order or check. Make all checks out to the Center for Women's Health and Wellness. In the memo line please write for the Breastfeeding and Feminism Symposium.

Conference Hotel:

Greensboro Marriott 336-379-8000 or 800-228-9290

Rate is \$105.00 per night. When calling the hotel please tell the reservations receptionist that you are making your reservations under the Breastfeeding and Feminism Symposium block in order to receive this group rate. Group rate expires February 23, 2009.

Additional Information:

We will have a lactation room available.

Please visit our website: www.uncg.edu/hhp/cwhw