

5th Breastfeeding and Feminism Symposium: Informing Public Health Approaches

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

Organization and Address: _____

Telephone: _____ Email: _____

Institutional/School Affiliation (if any) _____

Will you be attending the Friday night reception? _____ Yes _____ No

Will you be joining us for dinner Friday night? _____ Yes _____ No

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

Registration is \$25.00 for the conference; this rate excludes hotel arrangements. (See next page for hotel information.) Space will be reserved at the Weatherspoon for breastfeeding during the conference.

Please remit payment to:

The Center for Women's Health and Wellness
Attn: Sheryl Coley
School of Health and Human Performance
University of North Carolina Greensboro
401 HHP Building, PO Box 26170
Greensboro, NC 27402-6170

Do not send cash. We can 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 "Breastfeeding and Feminism Symposium."

Conference Hotel:

Do you want us to find you a roommate? _____ Yes _____ No

If yes, what nights will you stay at the hotel?

For making reservations, please call the Greensboro Marriott Downtown: 336-379-8000 or 1-800-228-9290

Rate is **\$105.00** per night (plus tax). 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 15, 2010**.

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