

LEC Course Registration - 2010

Please fax or mail this form with payment to:

Name/Title _____

Preferred First Name for Name Tag _____

Street Address _____

City/State/Zip _____

Home Phone () _____ E-mail _____

Work Phone () _____ Employer _____

Lactation Education Consultants
618 N Wheaton Ave
Wheaton IL 60187
Phone: 630-260-4847
Fax: 630-260-8879

Select course & location:

Lactation Specialist Certification Course in 2010 - Indicate payment enclosed:

_____ \$685 (early fee; 1 month prior to start of course

_____ Charlotte NC, March 1-5

_____ \$735 (less than 30 days prior to start of course

_____ Chicago IL, March 22-26

_____ Santa Barbara CA, June 21-25

_____ Chicago IL, November 1-5

Cram/Review Course in 2010 - Indicate Payment Enclosed

_____ \$285 (early fee, 1 month prior to start of course

_____ Houston TX, April 7-8

_____ Orlando FL, May 6-7

_____ \$335 (less than 30 days prior to stat of course)

_____ Chicago IL, May 24-25

_____ Charlotte NC, June 3-4

Payment Information:

Check # _____ Personal Check Employer Check

Note: If paying by employer check, and it is not available at time of mailing, please list a credit card to hold place.

Credit Card # _____ - _____ - _____ - _____ Visa Mastercard Discover

Expiration Date _____ Security Code (on back) _____

Name as it appears on card _____ Billing address if different from above:

Street _____ City/State/Zip _____

IMPORTANT NOTE: Refunds are given upon receipt of written notice up to 14 days prior to start of program less a \$50 administrative fee. Within 14 days, you may find a substitute or transfer your remaining credit (less \$50) to a CLS or Cram Course occurring within the next year. We are unable to refund tuition after 14 days for any reason. LEC reserves the right to cancel any program if there are fewer than 18 registrants 4 weeks prior to the start of the program. In that case, all tuition will be refunded with no processing fee.

Form rev 10/22/09