**LEC Course Registration – 2020** Please scan & e-mail this form or mail with payment to:

Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lactation Education Consultants

Preferred First Name for Name Tag \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1711 Junonia Ct.

Fort Myers FL 33908

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: 630-260-4847

[LECOffice@aol.com](mailto:LECOffice@aol.com)

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

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select course & location**:

**Certified Lactation Specialist Course** in 2020 – Indicate payment enclosed:

\_\_\_\_\_\_$720 (early fee; 1 month prior to start of course) \_\_\_\_\_\_ Arlington Heights IL – April 6-10

\_\_\_\_\_\_$770 (less than 30 days prior to start of course) \_\_\_\_\_\_ Fort Wayne IN – June 1-5

\_\_\_\_\_\_ Knoxville TN – July 13-17

\_\_\_\_\_\_ Arlington Heights IL – Sept 28-Oct 2

\_\_\_\_\_\_ Peoria IL – Oct 26-30

\_\_\_\_\_\_ Memphis TN – Nov 2-6

**CLS Plus Course (90 hours) – CLS and 3 15 CERP Home Studies ordered together, PLEASE FILL OUT HOME STUDY ORDER FORM and MAIL OR E-mail WITH THIS FORM.**

**TOTAL FEE FOR CLS Plus Course: \_\_\_\_\_\_\_\_ $1120 (REGULAR)**

**\_\_\_\_\_\_\_\_ $1070 (EARLY – more than one month prior to beginning of course)**

**Cram/Review Course** in 2020 – Indicate Payment Enclosed

\_\_\_\_\_\_ $325 (early fee, 1 month prior to start of course) \_\_\_\_\_\_ Santa Barbara CA – April 14-15

\_\_\_\_\_\_ Arlington Heights IL- August 17-18

\_\_\_\_\_\_ $375 (less than 30 days prior to start of course) \_\_\_\_\_\_ Charlotte NC – August 20-21

**Advanced Clinical Concepts in Lactation** - Indicate payment enclosed

\_\_\_\_\_ $435 (early fee, postmarked by Sept 20) **\_\_\_\_\_** Chicagoland IL October 20-22

\_\_\_\_\_ $485 (regular fee, postmarked after Sept 20)

**Payment Information:**

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Personal Check □ Employer Check

*Form rev 3/2020*