

LEC Course Registration - 2025

Please scan & e-mail
this form or mail with payment to:

Name/Title _____

Street Address _____

City/State/Zip _____

Home Phone () _____ E-mail _____

Lactation Education Consultants
8211 Rockbrook Ct.
Fort Wayne IN 46825
260-241-7762
office@lactationeducation.com

NOTE: Indicate address where you want your materials mailed.

ALL COURSES ARE BY ZOOM WEBINAR IN REAL TIME UNLESS A SPECIFIC PLACE IS NOTED

Select course date:

Certified Lactation Specialist Course in 2025 - Indicate payment enclosed:

_____ \$720 (early fee; 1 month prior to start of course) _____ \$770 (less than 30 days prior to start)

_____ February 26-28 & March 3-4, 2025 (Central Time)	_____ July 16-18 & 21-22, 2025 (Central Time)
_____ March 17-21, 2025 (Central Time)	_____ August 13-15 & 18-19, 2025 (Eastern Time)
_____ April 7-11, 2025 LIVE in Chadron, NE	_____ September 10-12 & 15-16, 2025 (Central Time)
_____ April 9-11 & 14-15, 2025 (Eastern Time)	_____ October 15-17 & 20-21, 2025 (Eastern Time)
_____ May 14-16 & 19-20, 2025 (Central Time)	_____ November 3-7, 2025 (Central Time)
_____ June 11-13 & 16-17, 2025 (Eastern Time)	

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 1 month prior to beginning of course)

Certification Cram Review Course in 2025 - Indicate Payment Enclosed

_____ \$300 (early fee, 1 month prior to start of course)

_____ \$350 (less than 30 days prior to start of course)

_____ March 6-7, 2025 (Central Time) _____ August 11-12, 2025 (Central Time)

Designated Breastfeeding Expert Enhancement in 2025 - Indicate Payment Enclosed

_____ \$300 (early fee, 1 month prior to start of course)

_____ \$350 (less than 30 days prior to start of course)

_____ April 3-4, 2025 (Central) _____ July 31 & August 1, 2025 (Central)

_____ June 23-24, 2025 (Central) _____ October 15-16, 2025 (Central)

Payment Information:

Check # _____ Personal Check Employer Check IDHS Scholarship

Form rev 12/24

