



## New York Lactation Consultant Association

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## Registration for Advanced Practice Series

### Session #1: Infant Oral Anatomy:

#### When Is It A Problem? And What Can We Do About It?

1) Complete the information below:

\*first name: ..... \*last name: .....

\*IBCLC:     no     yes    \*if yes, IBCLC#: .....

other credentials: .....

\*address: .....

\*city: ..... \*state: ..... \*zip code: .....

email: ..... fax #: .....

2) Write a check for your payment (as indicated below):

\*Have you paid NYLCA membership dues AFTER November 15, 2008?

- no      if no, please enclose a check for \$150
- yes      \*if yes, when did you pay? ..... (m/d/y)
- if yes, please enclose a check for \$110

\*Required information

**REGISTRATION  
STILL OPEN**

3) Mail the form and your payment to:

c/o Susan E. Burger, MHS, PhD, IBCLC, President  
 216 West 89th St. #3C  
 New York, NY 10024

Questions? Email: [sburgernutr@nyc.rr.com](mailto:sburgernutr@nyc.rr.com)