

# REGISTRATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Choose Conference Registration:

- Early Registration \$100 (*Ends October 8th*)
- Regular Registration \$110 (*ends Nov. 5*)
- Friday Registration (*no additional fee*)
- Please check if you would like the vegetarian option for lunch

## Method of Payment:

### Online at:

<http://ithacabreastfeedingcoalition.org>

**Or by mail:** Ithaca Breastfeeding Coalition  
c/o Gail Birnbaum  
105 East Marshall Street  
Ithaca, NY 14850

- Check made payable to:*  
Ithaca Breastfeeding Coalition

**Rooms are available** at the Hotel Ithaca, please reserve before October 17th, 2016

*(When making reservations let them know you are with the Breastfeeding Coalition Conference)*

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5TH ANNUAL

Ithaca

Breastfeeding Coalition Conference

November 17-18, 2016

