

REGISTRATION FORM

TEACHING BABY BEHAVIOR: A TRAIN-THE-TRAINER CONFERENCE FOR PROFESSIONALS

AUGUST 18-20, 2015

SACRAMENTO, CA

THANK YOU FOR REGISTERING TO ATTEND THE 2015 TEACHING BABY BEHAVIOR CONFERENCE. PLEASE COMPLETE A SEPARATE FORM FOR EACH INDIVIDUAL ATTENDING. THIS FORM CAN BE SUBMITTED BY MAIL, EMAIL, OR FAX (SEE PAGE 2 FOR CONTACT INFORMATION). FOR MORE INFORMATION ABOUT THE CONFERENCE, VISIT [HTTP://LACTATION.UCAVIS.EDU/CONFERENCES/TEACHINGBABYBEHAVIOR2015.HTML](http://lactation.ucdavis.edu/conferences/teachingbabybehavior2015.html).

REGISTRANT INFORMATION

First Name: _____

Last Name: _____

Organization: _____

Phone number: _____ Email Address: _____

BILLING ADDRESS

Street address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

REGISTRATION FORM

CONFERENCE LOCATION

CALIFORNIA ENDOWMENT – CENTER FOR HEALTH COMMUNITIES SACRAMENTO

1414 K STREET, SUITE 500

SACRAMENTO, CA 95814

PAYMENT OPTIONS

REGISTRATION FEE: EARLY BIRD (BEFORE MAY 1, 2015) **\$325** REGULAR (MAY 1ST, 2015 OR LATER) **\$375**

PLEASE MARK YOUR PAYMENT METHOD BELOW:

_____ **CHECK**

- MAKE PAYABLE TO **UC REGENTS**
- MAILED TO: ATTN: JANE HEINIG, DEPARTMENT OF NUTRITION, ONE SHIELDS AVENUE, DAVIS CA 95616

_____ **CREDIT CARD**

- AMEX, VISA, MASTERCARD ACCEPTED
- A HUMAN LACTATION CENTER STAFF MEMBER WILL CONTACT YOU BY PHONE TO PROCESS YOUR CREDIT CARD PAYMENT. **PLEASE DO NOT SEND CREDIT CARD INFORMATION BY FAX OR EMAIL.**

REGISTRATION SUBMISSION OPTIONS

MAIL TO: ATTN: JANE HEINIG, DEPARTMENT OF NUTRITION
ONE SHIELDS AVENUE
DAVIS, CA 95616

FAX TO: 530-752-7582

CALL: 530-754-5364

EMAIL TO: LACTATION@UCDAVIS.EDU

CONFERENCE DETAILS

THE FOLLOWING ITEMS WILL BE SENT WITH YOUR REGISTRATION CONFIRMATION:

- AGENDA AND CONTINUING EDUCATION UNITS
- LODGING SUGGESTIONS
- DRIVING DIRECTIONS