**2017 Conference Registration Form**

**Please fill out the form below.  If choosing to mail the form (rather than** [**e-mail**](mailto:lactationlady@live.com)**), please mail to:**  
**Basking Babies, LLC**  
**5050 NE 38th Ave.**  
**Des Moines, IA  50317**  
  
Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    
Address (with city, state, zip)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IBCLC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Other Licenses with numbers to which you would like Continuing Education Credit:   
  
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**REGISTER AND PAY INSTRUCTIONS**  
  
Please do one of the following:  
  
Option 1 - Mail this completed form with your payment - $85 cash or check for early bird registrations (before October 9th) or $95 after October 9th .   
  
Option 2 - [E-mail](mailto:lactationlady@live.com) (lactationlady@live.com) this completed form and pay by PayPal online at the bottom of the webpage: <http://www.basking-babies.com/2017-conference-registration.html>

****When e-mailing, please make "2017 Conference" your subject line and include the email address linked to your PayPal account in the body of the message.