

REGISTRATION FORM  
BREAST IS BEST

Wednesday June 6, 2012

Please fill out this form and fax or email no later than May 18th, 2012.

Seating is limited.

Fax: (302)424-2957

[patricia.bailey@state.de.us](mailto:patricia.bailey@state.de.us)

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Continuing Education Units desired: IBCLC  RD  RN  None

If you have any questions please call Lisl Phelps at 302-424-7130.



*DELAWARE HEALTH AND SOCIAL SERVICES*  
Division of Public Health