

Breastfeeding Peer Counselor Core Training REGISTRATION

Please print or type:

Name: _____

Title: _____

Email: _____

Agency: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Supervisor's Name: _____

Supervisor's Work Phone and Email Address: _____

Please check the training you plan to attend and fax registration to contact at chosen site at least 10 business days prior to the training date.

NOTE: Participants must register for BFPC quarterly continuing education training in the Perinatal Region in which their agency is located.

_____	Perinatal Region I Mountain Area Health Education Center Asheville, NC Dates: March 12, 13 ,19, 20, 26, 2018 Contact: Georganna Cogburn FAX: 828-257-4768 (MAHEC) Georganna.cogburn@mahec.net Phone: 828-257-4754	_____	Perinatal Region II Forsyth Health Department Winston-Salem, NC Dates: February 12-13, 26-28, 2018 Contact: Alison Moore Fax: 336-277-8195 ACMoore@novanthealth.org Phone: 336-486-7428
_____	Perinatal Region III 2845 Beatties Ford Road, Charlotte, NC Dates: April 4-6, 12-13, 2018 Contact: Rachel Davis Fax: 704-336-6419 Davis, Rachel M. Rachel.Davis@mecklenburgcountync.gov Phone: 704-258-8436	_____	Perinatal Region IV Wake County Human Services Raleigh, NC Dates: January 9-11, 23-25, 2018 Contact: Jam Gourley Fax: 919-212-7558 Jam.Gourley@wakegov.com Phone: 919-280-8684
_____	Perinatal Region V New Hanover Health Dept Wilmington, NC Dates: June 13-15, 26, 27, 2018 Contact: Norma Escobar Fax: 910-798-6606 NEscobar@nhcgov.com Phone: 910-798-6542	_____	Perinatal Region VI Greenville AG Extension Bldg. Greenville, NC Dates: March 5-7, 26, 27, 2018 Contact: Hannah Edens Fax: 252-744-1920 EdensH@ecu.edu Phone: 336-339-0361

The contact at the chosen site will send confirmation of receipt of your registration along with specific information about the training. If you do receive confirmation of receipt of your registration within 5 business days of the training, please call the contact at the chosen site.