

## 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.

_____	<b>Perinatal Region I</b> <b>Mountain Area Health Education Center</b> <b>Asheville, NC</b>  <b>Dates: September 11-12, 21 and October 2, 3</b> <b>Contact: Georganna Cogburn</b> <b>FAX: 828-257-4768 (MAHEC)</b> <a href="mailto:Georganna.cogburn@mahec.net">Georganna.cogburn@mahec.net</a> <b>Phone: 828-257-4754</b>	_____	<b>Perinatal Region II</b> <b>Forsyth Health Department</b> <b>Winston-Salem, NC</b>  <b>Dates: August 3-4, 16-18</b> <b>Contact: Alison Moore</b> <b>Fax: 336-277-8195</b> <a href="mailto:ACMoore@novanthealth.org">ACMoore@novanthealth.org</a> <b>Phone: 336-486-7428</b>
_____	<b>Perinatal Region III</b> <b>2845 Beatties Ford Road,</b> <b>Charlotte, NC 28216</b>  <b>October 30, 31 and</b> <b>November 1, 16-17, 2017</b> <b>Contact: Rachel Davis</b> <b>Fax: 704-336-6419</b> <a href="mailto:Rachel.davis@mecklenburgcountync.gov">Rachel.davis@mecklenburgcountync.gov</a>	_____	<b>Perinatal Region IV</b> <b>Wake County Human Services</b> <b>Raleigh, NC</b> <b>CANCELLED</b> <b>Dates: July 10-12, 27-28</b> <b>Contact: Jam Gourley</b> <b>Fax: 919-212-7558</b> <a href="mailto:Jam.Gourley@wakegov.com">Jam.Gourley@wakegov.com</a> <b>Phone: 919-280-8684</b>
_____	<b>Perinatal Region V</b> <b>New Hanover Health Dept</b> <b>Wilmington, NC</b>  <b>Dates: November 15-17, 29-30</b> <b>Contact: Norma Escobar</b> <b>Fax: 910-798-6606</b> <a href="mailto:NEscobar@nhcgov.com">NEscobar@nhcgov.com</a> <b>Phone: 910-798-6542</b>	_____	<b>Perinatal Region VI</b> <b>EAHEC Conference Center</b> <b>Greenville, NC</b>  <b>Dates: September 20-22 and October 9-10</b> <b>Contact: Hannah Edens</b> <b>Fax: 252-744-5229</b> <a href="mailto:Hannah.p.edens@gmail.com">Hannah.p.edens@gmail.com</a> <b>Phone: 336-339-0361</b>

The contact at the chosen site will send confirmation of receipt of your registration along with specific information about the training. If you do not receive confirmation of receipt of your registration within 5 business days of the training, please call the contact at the chosen site.