

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.

_____	Perinatal Region I Mountain Area Health Education Center Asheville, NC Dates: September 21-23, 29-30, 2016 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 <u>CANCELLED</u> Dates: August 2,3,9,10,11, 2016 Contact: Alison Moore Fax: 336-277-8195 ACMoore@novanthealth.org Phone: 336-486-7428
_____	Perinatal Region III 2845 Beatties Ford Road, Charlotte, NC 28216 October 10-11, 26-28, 2016 Contact: Rachel Davis Fax: 704-336-6419 rachel.davis@mecklenburgcountync.gov Phone: 980-314-4293	_____	Perinatal Region IV Wake County Human Services Raleigh, NC <u>CANCELLED</u> Dates: July 11-13, 21, 22 (28), 2016 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: September 14-16, 29-30, 2016 Contact: Norma Escobar Fax: 910-798-6606 NEscobar@nhcgov.com Phone: 910-798-6542	_____	Perinatal Region VI ECU Family Medicine- 101 Heart Drive, Greenville, NC Dates: Nov 28-29, Dec 14-16 Contact: Hannah Edens Fax: 252-744-3040 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.