Registration
VELB & ILCA Conference 2010

Protection and support of breastfeeding

21 - 23 October 2010, Basel (CH)

I would like to take part in the following events:

Wednesday, 20.10.2010

❒ VELB Annual General Meeting from 14.00 to approx. 17.00 (free of charge)

❒ Reception with welcome from the city of Basel, finger buffet and drinks and a talk by Dr Luc Marlier entitled "How does the taste of mother's milk evolve?" after the VELB AGM
Cost per person € 30 / CHF 45.00 No. of persons: ..... Total .....

Thursday, 21.10.2010

❒ Plenary sessions from 09.00 to 16.50

❒ Parallel event by The Swiss Foundation for the Promotion of Breastfeeding from 13.30 to approx. 17.30
Cost per person: € …….. / CHF …….. No. of persons: ..... Total .....

❒ Rhine river cruise with evening meal from 19.00
Cost per person € 65 / CHF 98.00 No. of persons: ..... Total.....

Friday, 22.10.2010

❒ VELB & ILCA Conference from 09.00 to 17.35

❒ Leisurely evening in the restaurant Safran Zunft from 19.00
Cost per person € 30 / CHF 45.00 No. of persons: ..... Total .....

Saturday, 23.10.2010

❒ VELB & ILCA Conference

Conference fees for the VELB & ILCA Conference 2010:

❒ Participation on all 3 days Total .....

Day ticket ❒ 21.10. ❒ 22.10. ❒ 23.10 Total .....

Sunday, 24.10.2010, morning

❒ City tour, approx. 2 hours
Cost per person € 10 / CHF 15.00 No. of persons: ..... Total .....

Guests may join us at the welcome reception, the evening events and the city tour.

I am an IBCLC member: ❒ Yes ❒ No

I am a member of: ❒ VELB, national association: ..... ❒ ILCA

My basic professional training is: ❒ Midwife ❒ Specialist nurse ❒ Doctor

❒ Other (please specify): .....

I am a student: ❒ I am currently enrolled on a VELB training course and am preparing for the IBLCE exams
❒ I am a midwifery student
❒ I am a specialist nursing student Please enclose verification.

Last name, first name: .....

Street: .....

Country/postcode/city: .....

Tel. (home) ..... Tel. (work) .....

Employer: .....

E-mail: .....

I am paying by: ❒ Bank transfer
❒ Visa ❒ Mastercard

Card number ..... Check digit: .....

Cardholder: ..... Valid until: .....

Address for Invoice if different from privat address: .....

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.....

Date: ..... Signature: .....

Please send to
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