

REGISTRATION FORM

Infant and Young Child Feeding Counseling Specialist Training Course: The 3 in 1 course

(an Integrated Course on Breastfeeding, Complementary
feeding and Infant Feeding & HIV - Counseling)

Place of Training

Bangalore Kolkata Delhi Ranchi

Name: _____

Address of Correspondence _____

Telephone No. _____

Mobile No. _____

Profession: _____

Qualification: _____

Present Post: _____

Are you BPNI Member: Yes No

Please send your Registration Form and Demand Draft/
cheque of Rs 3,000 favoring: **BPNI Delhi** to the following
address:

The National Coordinator
Breastfeeding Promotion Network of India (BPNI)
BP-33, Pitampura, Delhi-110088
Tele No. 011-27343608, 42683059
Email: bpni@bpni.org

Venue	Dates
Bangalore	7 th to 13 th May 2007
Kolkata	14 th to 20 th May 2007
Delhi	7 th to 13 th May 2007
Ranchi	29 th Sep to 5 th Oct 2007

I am enclosing a Cheque/Demand Draft (DD) Rs. 3000/- in Favour of
BPNI

FOR OFFICE USE ONLY

Cheque/DD No. _____ DD Dated _____

Bank _____

