

# Become a Biological Nurturing® Laid-back Breastfeeding Consultant

## Expression of Interest



Name .....

Title (Ms. Mrs. Dr. Mr.).....

Complete address

.....

.....

.....Post Code.....

Country.....

Telephone numbers (Please include country and area codes)

Landline + .....

Mobile/Cell +.....

Email .....

Web site (if applicable).....

Profession.....

Professional License Number (if applicable) .....

IBCLC Number (if applicable) .....

**Become a Biological Nurturing® Laid-back Breastfeeding Consultant**

**Expression of Interest**

**Please tick the following:**

- I own and have read a copy of **An introduction to Biological Nurturing New Angles on Breastfeeding**
- I own and have viewed a copy of the hour long DVD **Biological Nurturing ~Laid-Back Breastfeeding (for health professionals) produced in 2008**
- I have attended an advanced biological nurturing workshop on

**Date** **City, Country**

**Please list any other conferences or workshops you have attended given by Suzanne Colson with location and dates.**

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**On the third page of this form, please state in 500 words or less why you want to become a BN certified laid-back breastfeeding consultant.**

**Please email this completed form and your statement to Suzanne Colson**  
**sdccolson@gmail.com**

**Thank you for promoting breastfeeding and for your interest in biological nurturing!**

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### Personal Statement

Why do you want to become a BN CLBC