



Pre-Application for Designation as
Fellow of the Academy of Breastfeeding Medicine

Name (Last, First, MI):

Preferred Address:

Telephone (include area and country code):

Email address (*Most important; will be way of contact):

Medical School and degree:

Graduation Date from Medical School:

Other Graduate Degrees (Indicate which):

Field of Study:

Current Location of Practice:

Current Position/Title:

ABM Start Date:

ATTENDANCE AT ABM ANNUAL MEETINGS

Date	Location	Hours of Instruction Available	Indicate Hours of Instruction Attended
October 27-30, 1999	San Diego, CA	16	
September 11-13, 2000	Phoenix, AZ	13	
November 2-5, 2001	Washington DC	13	
November 15-17, 2002	Vancouver, BC	15.5	
October 16-20, 2003	Chicago, IL	15.5	
October 21-25, 2004	Orlando, FL	15	
October 20-24, 2005	Denver, CO	17	
September 19-22, 2006	Niagara Falls, NY	17	
October 11-14, 2007	Fort Worth, TX	20.25	
October 23-26, 2008	Dearborn, MI	17.75	
November 5-8, 2009	Williamsburg, VA	20.25	
October 28-30, 2010	San Francisco, CA	23.5	
		Hours attended at Annual Meetings	

ATTENDANCE AT ABM-SPONSORED REGIONAL MEETINGS

Date	Location	Hours of Instruction Available	Indicate Hours of Instruction Attended
October 4, 2007	Goeppingen, Germany	11.00	
November 3-4, 2007	Osaka, Japan	9.5	
October 4-5, 2008	Vienna, Austria	11.5	
November 23-24, 2008	Saitama Kyousai Kaikan, Saitama, Japan	10.0	
March 20-21, 2010	Torun, Poland	-	
		Hours attended at ABM-sponsored meetings	