

NIH Nursing Mothers Program Registration Form

*Required Fields

*Full Name:

*Institute or Center:

*Building:

*Room Number:

Mail Stop:

*Work Phone:

*Home Phone:

*Email:

Baby's Due Date or Date of Birth:

Is This Your First Baby?: Yes No

Return to Work Date:

Comments:

(Please note the dates of the prenatal classes you would like to attend. The dates of the prenatal classes are provided [here](#).)

Send completed form to Jane Balkam at balkamj@od.nih.gov.
