

INFECTIOUS DISEASE EPIDEMIOLOGY WORKSHOP

REGISTRATION FORM

Which Location will you be attending? **Chalmette** _____7/16/15 **Sulphur** _____8/13/15
Winnsboro _____9/17/15

Name _____

Position _____

Work Site _____

Work Address _____ / _____ / _____ / _____
Street City State Zip Code

*Email _____ Parish/County _____

Daytime Phone _____ FAX _____

Home Address _____

Home Phone _____

Do you need Education Credits? Sanitarian __Yes Nurse __Yes

Please email this registration form to rosemarie.robertson@la.gov or fax to (504)568-8290 no later than July 2, 2015 for the Chalmette location, August 3, 2015 for the Sulphur location and September 8, 2015 for the Winnsboro location.

The addresses for each of the three follows:

Chalmette – Medical Office Building Conference Room, 8000 West Judge Perez Drive, Chalmette, LA 70043

Sulphur – Frash Park Meeting Room, 400 Picard Road, Sulphur, LA 70663

Winnsboro – Scott Center, LSU Ag Center, 212-B Macon Ridge Road, Winnsboro, LA 71295

For more information, please call (504) 568-8310 or email to rosemarie.robertson@la.gov or check the webpage <http://new.dhh.louisiana.gov/index.cfm/page/1816>.

Note: Additional information will be emailed to all those registered closer to each event.