

REGISTRATION FORM

First Name: _____ Last Name: _____

Job Title/Unit Supervised: _____

Mailing Address: _____

Email Address: _____

Phone #: _____ Fax #: _____

Please select date and location:

1st Choice: _____

2nd Choice: _____

Please email the form to Clarence Lamb at Clarence.lamb@dhhs.nc.gov or fax it to:
919-334-1173 or 334-1174

Confirmation letters will be emailed or faxed if you do not have access along with any attachments and directions to site.

Please print clearly!