

CHEMICAL TERRORISM FOR THE CLINICIAN: DETECTION, DIAGNOSIS & TREATMENT

Training for Health Professionals and Public Health Personnel
Provided by the National Capital Poison Center

REGISTRATION FORM

Please print clearly or type.

Name:

Hospital/Institution:

Department:

Address:

Phone:

Fax:

Email for confirmation:

Select **ONE** date. All programs will be held from 8:45 am to 2:30 pm.

Profession: _____MD_____RN_____RPh _____EMS_____Other

- _____ March 1, 2010; registration deadline 2/22/10.
- _____ March 2, 2010; registration deadline 2/23/10
- _____ March 8, 2010; registration deadline 3/1/10
- _____ March 12, 2010; registration deadline 3/5/10
- _____ March 30, 2010; registration deadline 3/23/10
- _____ April 1, 2010; registration deadline 3/25/10
- _____ April 6, 2010; registration deadline 3/30/10
- _____ April 9, 2010; registration deadline 4/2/10
- _____ April 12, 2010; registration deadline 4/5/10

Please return registration to National Capital Poison Center:

- By fax to 202-362-8377;
- By mail to 3201 New Mexico Avenue, NW, Suite 310, Washington, DC 20016;
- By email to ferguson@poison.org

Registrations will be confirmed by email. Directions will be sent with confirmation. Programs fill quickly so do not assume you are registered unless you receive a confirmation.

FOR QUESTIONS: Contact Rennie Ferguson at 202-895-4263 or ferguson@poison.org.

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