

CHEMICAL TERRORISM FOR THE CLINICIAN: DETECTION, DIAGNOSIS & TREATMENT

Training for District of Columbia 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:

E-mail for confirmation:

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

Profession: _____MD_____RN_____RPh _____EMS_____Other

_____ May 18, 2009; registration deadline 5/11/09.

_____ May 20, 2009; registration deadline 5/13/09

_____ June 3, 2009; registration deadline 5/27/09

_____ June 15, 2009; registration deadline 6/8/09

_____ June 17, 2009; registration deadline 6/10/09

_____ June 19, 2009; registration deadline 6/12/09

_____ June 25, 2009; registration deadline 6/18/09

_____ July 15, 2009; registration deadline 7/8/09

_____ July 16, 2009; registration deadline 7/9/09

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 e-mail to Marsolek@poison.org

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

FOR QUESTIONS: Contact Melinda Marsolek at 202-895-4263 or Marsolek@poison.org.

This program is funded in part by the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR), and the Government of the District of Columbia, Department of Health, Health Emergency Preparedness and Response Administration.