

Terrorism for the Clinician: Diagnosis & Treatment of Exposures to Chemicals, Radiation & Biotoxins

Presented by National Capital Poison Center

Registration Form



Save this form before you complete it. Open the saved pdf, fill in your information, save it, and return to jkadam@poison.org.

First Name

Last Name

Organization

Telephone

Email

Profession (select one):

EMS

RN, NP

MD, DO

RPh, Pharmacist

Other

Spring 2016 dates: May 11, 12, 16, 18, 20, 23. All sessions are from 8:45 - 2:45. Indicate your top 3 choices in case your preferred date is not available. **You will attend only one date.**

First date choice:

Second date choice

Third date choice

Have you attended this course before?

yes

no

Save this registration form, then return by email to jkadam@poison.org.

You are NOT registered until you receive an email confirmation.

Questions? jkadam@poison.org or 202-895-4263.

This program is funded in part by the U.S. Dept of Health and Human Services, Centers for Disease Control and Prevention, Hospital Preparedness Program and Public Health Emergency Preparedness, and the Government of the District of Columbia, Dept of Health, Health Emergency Preparedness and Response Administration

