

REGISTRATION FORM

ADVANCED CLINICAL ASPECTS OF EMERGENCY PREPAREDNESS

December 18, 2006
7:00 a.m. - 12:00 noon
Dana Auditorium, Maine Medical Center
Portland, Maine

Please print clearly and please do not use acronyms

First Name: _____ (as you wish it to appear on name badge)

Last Name: _____ Last Four Digits of SSN# _____

Job Title: _____

Organization/Agency: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

CEU TYPE REQUESTED:	<input type="checkbox"/> CEU <input type="checkbox"/> CME	<input type="checkbox"/> EMS <input type="checkbox"/> Other	
JOB CATEGORY: <i>(Please check the job description that best matches your PRIMARY position)</i> CHECK ONLY ONE BOX!	Public Health Staff: <input type="checkbox"/> Public Health Administrator/Manager <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> Public Health Professional <input type="checkbox"/> Other Public Health Staff	Key Community and Community Health Care Personnel: <input type="checkbox"/> School Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Elected Government Official <input type="checkbox"/> Other Key Community/School Personnel	First Responders: <input type="checkbox"/> Emergency Medical Technician, Paramedic, Fire/Rescue <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other First Responder
	Key Hospital-Based Personnel: <input type="checkbox"/> Emergency Room Physician <input type="checkbox"/> Emergency Room Nurse <input type="checkbox"/> Other Hospital Physician <input type="checkbox"/> Other Hospital Nurse <input type="checkbox"/> Infection Control Practitioner <input type="checkbox"/> Hospital Administrator/Manager <input type="checkbox"/> Maintenance/Security Personnel <input type="checkbox"/> Other Hospital Personnel	Community-Based Primary Care Providers: <input type="checkbox"/> Physician <input type="checkbox"/> Midlevel Practitioner <input type="checkbox"/> Mental and Behavioral Health Professional <input type="checkbox"/> Clinic/Practice Administration <input type="checkbox"/> Other Health Care Personnel	Other (please specify) _____ _____

To register for this FREE training, please send completed form or register online at www.mcph.org:

Maine Center for Public Health, 12 Church Street, Augusta, ME 04330
Telephone: 207-629-9272 Fax: 207-629-9277

Registration deadline is December 8th.