

# NATIONAL HANSEN'S DISEASE PROGRAMS

## HANSEN'S DISEASE DIAGNOSIS AND TREATMENT SEMINAR REGISTRATION FORM

\*\*\*\*\*

**November 17-18, 2014**

Name \_\_\_\_\_ Title \_\_\_\_\_  
(i.e. M.D., R.N., PT)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
(Area Code) (Area Code)

E-Mail Address \_\_\_\_\_

NO REGISTRATION FEE      *Seating is limited.*

### ***SEMINAR SCHEDULE***

**\*\*First Day:** 8:00 A.M. - 4:30 P.M.      **Second Day:** 8:00 A.M. - 4:30 P.M.

**\*\*National Hansen's Disease Museum Tour - 5:00 P.M. (optional)**

I plan to attend the tour.

**NHDP Education Department  
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Phone: (225) 756-3761 Or FAX: (225) 756-3760**