

## REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title/Unit Supervised: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please select date and location:

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

Please email the form to Clarence Lamb at [Clarence.lamb@dhhs.nc.gov](mailto:Clarence.lamb@dhhs.nc.gov) or fax it to:  
919-334-1173 or 334-1174

Confirmation letters will be emailed or faxed if you do not have access along with any attachments and directions to site.

Please print clearly!