Bioterrorism Preparedness for Sentinel Laboratory Personnel
2012 Workshop Application

Date Application Received: _____

Accept ☐ Reject ☐

Cancelled ☐ NS ☐

State Lab Use Only

****Please complete one application <u>per</u> applicant****

Name of Applicant: _____**Date:** _____

(P*lease* ***PRINT*** *name* ***LEGIBLY*** *for continuing education certificate*)

Business Mailing Address (*must be completed)*

Organization/Facility_____

Street or Post Office Box Number_____

City_____**State**_____**Zip**_____

Phone # Business :(_____)_____**Ext**._____**/Fax** (_____) _____

E-Mail address (Business)_____

Dietary Restrictions: No_____ Yes _____

If yes, please specify needs _____

Special Accommodations: No_____ Yes _____

If yes, please specify needs _____

****Note: Refer to Workshop Announcement for Information Concerning Travel Scholarships ****

_____

Signature of Applicant

MAIL OR FAX COMPLETED APPLICATION TO:

Montana Public Health Laboratory
Attn: Crystal Poppler
1400 E. Broadway
Helena, MT 59601
PH: 406-444-3444 or 800-821-7284 FAX: 406-444-1802