

# PREPAREDNESS PRACTICUM 2010 LESSONS LEARNED AND LOCAL PREPAREDNESS

## REGISTRATION FORM - Please register by 2/15/10

Please type or PRINT clearly. The information that you provide will be duplicated for course materials, including your name badge and certificate of attendance.

LAST NAME / FIRST NAME \_\_\_\_\_ EDUCATIONAL DEGREE/PROFESSIONAL CERTIFICATION \_\_\_\_\_

NAME OF YOUR ORGANIZATION \_\_\_\_\_

YOUR ROLE/JOB TITLE/POSITION \_\_\_\_\_

PREFERRED MAILING ADDRESS (check one)  Home  Business Address \_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

@ \_\_\_\_\_

(REQUIRED) YOUR EMAIL ADDRESS: DO NOT give your e-mail address as contact information for another person. If you are registering a person other than yourself for the conference, you must provide their e-mail address. Thanks!

### SPECIAL NEEDS

Please advise us of any special needs that you may have regarding access, hearing, dietary, etc. We will do our best to accommodate your needs.

**REGISTRATION FEE: \$50.00**

**PHYSICIANS: \$75.00**

Fees include: tuition, course materials, certificate, lunch and refreshments.

### PAYMENT METHOD

CHECK\* \*Make checks payable to "HCMC-Emergency Preparedness"

CREDIT CARD PAYMENTS  VISA  MasterCard

For your convenience, credit card registrations may be FAXED to 612-904-4540.

Name EXACTLY as appears on credit card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code on back of CC \_\_\_\_\_

Be advised that following the conference all credit card information is destroyed. Your information is secured during the time that we have it.

Purchase Order\*\* \*\*You must include the PO # \_\_\_\_\_

Contact person for billing:

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

**Cancellation / Substitution Policy:** Payment must accompany registration form. Registration will remain open, based on availability. Should you need to cancel, please contact us no later than February 15, 2010 – A \$15.00 cancellation fee will apply. Sorry, no refunds will be made after February 15, 2010.

### Mail this form with payment to:

Katy Williams, Hennepin County Medical Center, Emergency Preparedness  
701 Park Avenue, Mail Code RL, Minneapolis, MN 55415

Telephone: 612-873-6483 Fax: 612-904-4540

E-Mail: [Katherine.mcandrewswilliams@hcmcd.org](mailto:Katherine.mcandrewswilliams@hcmcd.org)

Questions regarding the conference, how to be a vendor, or the registration process may be directed to: Robin Hoppenrath—Voicemail: 763-862-6491 or E-mail: [hopservices@msn.com](mailto:hopservices@msn.com)