



Special Pathogens Workshop Registration Form

Thursday, February 25, 2016 11:30 AM – 3:45 PM

Reserve your seat no later than February 17, 2016

FAX: 810.987.0630 Attention: Diane Forys --or--

EMAIL: Margaret Sturgis - msturgis@stclaircounty.org

NAME: _____

TITLE: _____

AGENCY: _____

OFFICE PHONE: _____ ALTERNATE: _____

EMAIL: _____ FAX: _____

Note: *If you have any special needs or dietary requirements, please list below or contact Diane or Margaret directly at 810-987-5300 so that we may accommodate you.* _____

Specific questions or concerns for our speakers? Submit in advance and we will be sure to address them.

Our Community. Our Environment.