

Government of the District of Columbia
Department of Health
2016 Newborn Screening Symposium
“Moving from Better to Best”
441 4th St. NW (Old Council Chambers)
Wednesday, September 14, 2016

REGISTRATION FORM

Last Name: _____ First Name: _____ Middle Initial: _____
Title: _____ Credentials: _____
Organization: _____
Address: _____ City & State: _____ Zip Code: _____
Phone: _____ Email: _____ Fax: _____

DO YOU REQUIRE ANY OF THE FOLLOWING (please check all that apply)

- Interpreter Handicap Access Visual Guide Other (please specify)
- _____
- _____

Continuing Education Units (CEU's) will be offered. If desired, please check all that apply

- Nursing Social Workers Audiologists Speech and Language

Please fill out and fax back to (202) 478-5813

For more information, please call 1-800-MOM-BABY