



Washington State Department of Health
2012 ZONOTIC & VECTOR-BORNE DISEASE WORKSHOP

WORKSHOP REGISTRATION FORM

Attendee Information

Prefix: **Email:**
First Name: **Phone:**
Last Name:

Organization Information

Organization Name:

Organization Type:

County	None (Not applicable)
Federal Organization	State Organization
Local Health	Veterinary Clinic
Military	Other:

Which workshop will you be attending?

- Moses Lake**
Wednesday, April 11, 2012
- Tumwater**
Friday, April 13, 2012

*Press “Submit Form” (top, right – above this form)
and follow the instructions to complete the registration process.*

Your registration is complete when you see the message:
“Your response was successfully sent.”

A confirmation email will be sent within 3 business days.

Email zd@doh.wa.gov to report registration problems.