

November 15, 2017

Shifting Threats: Are You Up for the Challenge?

13th Statewide Immunization Conference

Please complete this form and mail it with your check made payable to:

Immunize Ohio – CHIC
10840 Barrington Blvd.
Cleveland, OH 44130

NOTE: Only one check and one registration form per person

Registration via mail closes October 31, 2017

13th Statewide Immunization Conference Registration Form

PRINT CLEARLY IN CAPS – ALL FIELDS REQUIRED

FULL NAME:

ORGANIZATION:

TITLE / POSITION:

EMAIL:

MOBILE NO.:

MAILING ADDRESS (INCLUDE MAIL STOP IF REQUIRED):

SELECT ONE ONLY:

NON-PHYSICIAN – \$75.00

PHYSICIAN – \$85.00

NOTE: ONLY ONE CHECK AND ONE REGISTRATION FORM PER PERSON

FOR CORRECT CME/CNE CREDITS PLEASE SPECIFY IF YOU ARE A NURSE OR OTHER PROFESSION:
