

WORKSHOP REGISTRATION FORM

Dartmouth Hitchcock Medical Center
One Medical Center Drive
Auditorium C
Lebanon, NH 03756

Wednesday, April 8, 2020

Participant Information

First Name _____ Last Name _____

Facility _____ Title _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ Cell Phone Number _____

Special Dietary Requirements?

Vegetarian Gluten Free Food Allergy Other Please Specify _____

Workshop fee is \$250.00 per person.

The fee includes workshop, handouts, The Wadsworth Anaerobic Bacteriology Manual, light breakfast, and lunch.

Method of Payment

Visa

Master Card

American Express

Check

Cardholder's Name _____

Credit Card # _____ Expiration Date _____ CVV _____

Checks can be made to Anaerobe Systems and mailed to 15906 Concord Circle, Morgan Hill, CA 95037.

Please remit payment and enrollment form by:

Friday, March 27, 2020

California residents may earn six continuing education contact hours for attending this workshop. Other states may also provide credit. Please refer to your State Department of Education.

For more information please contact:

Sandy Hoffman

Anaerobe Systems

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Morgan Hill, CA 95037

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