





Select Agent Program Workshop

Date: November 16, 2012

Time: 9:00 a.m. - 5:00 p.m. (EST)

Location: Webcast Only

A separate registration form is required for each attendee. A confirmation notice will be sent upon processing.

| REGISTRATION FORM | |
|---|-----------------------------------|
| REGISTRATION FURW | |
| General Information | * denotes required field |
| First Name*: | Last Name*: |
| Gender: Male Female | |
| Contact Information | * denotes required field |
| Position/Title: | |
| Company/Organization Name: | |
| Company/Organization Address: | |
| Company/Organization City/Municipality: | |
| Company/Organization State: | Company/Organization Postal Code: |
| Work Phone*: | |
| Email Address*: | |

For additional information, please contact <u>JLSmith@cdc.gov</u> or <u>Lidia.Carrera@aphis.usda.gov</u>, or visit http://www.selectagents.gov. If you are not able to register online, you can submit the completed form by fax to (404) 718-2096 or by mail to Division of Select Agents and Toxins, CDC, 1600 Clifton Road, MS A-46, Atlanta, GA 30329, Attn: Jacinta Smith.

Registration forms are due no later than COB on October 16, 2012.