



**Department of Public Health
and Human Services
Montana Immunization Program
Regional Workshops 2012**



Registration Form

Please submit this form with payment to the
Immunization Program no later than **MARCH 30, 2012.**

Please make checks for the amount of \$15.00 per person and payable to:

DPHHS-Immunization Program

Attn: Katie Grady
1400 E Broadway
P O Box 202951
Helena MT 59620
Tax ID: 81-0302402

Please indicate which workshop you will be attending:

- | | | | | |
|--------------------------|-------------|-----------------------------------|-----------------|-----------------------------|
| <input type="checkbox"/> | Miles City | Wednesday, April 11 th | Fort Keogh | 243 Ft. Keogh Rd |
| <input type="checkbox"/> | Billings | Thursday, April 12 th | Holiday Inn | 5500 Midland Rd |
| <input type="checkbox"/> | Great Falls | Tuesday, April 24 th | Hampton Inn | 2301 14 th St SW |
| <input type="checkbox"/> | Butte | Thursday, April 26 st | The Copper King | 4655 Harrison Ave |
| <input type="checkbox"/> | Missoula | Wednesday, May 2 nd | The Holiday Inn | 200 South Pattee |

Name of Attendee			
Facility/Provider			
E-mail Address			
Phone:	Fax:	Requesting Vegetarian Lunch Yes <input type="radio"/>	Nursing Contact Hours Yes <input type="radio"/> No <input type="radio"/>
Immunization Program Use Only	Paid Registration Fee	Confirmation Sent	

Questions ?? Please call the Immunization Program at 444-5580