

Attachment 3

National Laboratory Training Network Registration Form

NLTN
Data
Elements
Document

2013

Application for
Training

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1. Course Selection and Registration

Figure 1A

Event/Course Registration | Register for Event/Course

event/course information

201-13 DSAT Regulation Changes for Incident Response

start date: 02/21/2013 end date: 02/21/2013

Form Approved
OMB No. 0920-0017
Exp. Date: XX/XX/20XX

registrant information

name: Mrs. Maria Parry email: ritchard@bellsouth.net

registration type:

event fees

Product	Price	Member Type	Category
<input type="checkbox"/> 588-201-13 DSAT Regulation Changes for Incident Response	0.00	[Any]	

sessions

Product	Price	Capacity	Available	Starts	Ends	Comments

recalculate **total** \$0.00

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA(0920-0017).

2. Personal Information

Figure 2A

Create New Account | Step 1 of 3

PERSONAL INFORMATION

PREFIX: ▼

FIRST NAME: *

MIDDLE NAME:

LAST NAME: *

TITLE:

E-MAIL (ALSO USED FOR LOGIN NAME): *

PASSWORD: *

CONFIRM PASSWORD: *

OTHER INFORMATION

OCCUPATION: ▼

EDUCATION LEVEL: ▼

EMPLOYER TYPE: ▼

[NEXT STEP ►](#)

3. Organization Information

Figure 3A



Edit Account | Step 2 of 3

ORGANIZATION INFORMATION

You have no organization information.

Add organization information

Choose not to add organization information

NEXT STEP ►

4. Contact Information

Figure 4A

Edit Account | Step 3 of 3

If your individual address is slightly different than the organization's main address or you have no affiliation to an organization, enter your "Mailing Address" below.

MAILING ADDRESS INFORMATION (OPTIONAL)

ADDRESS:

LINE 2:

LINE 3:

CITY:

STATE, POSTAL CODE:

COUNTRY/PROVINCE:

CONTACT INFORMATION

PHONE, EXT:

FAX, EXT:

CONTACT ME VIA:

REVIEW & CONFIRM

5. Other Information

Values Collected – Dropdown Lists on Create New Account Step 1 of 3

Occupation

Physician
Veterinarian
Laboratorian
Nursing Professional
Sanitarian
Administrator
Safety Professional
Educator
Epidemiologist
Environmental Scientist
Other

Employer Type

Public Health Department (State or Territorial)
Public Health Department (Local, City or County)
Government (Other Local, not City or County)
Centers for Disease Control and Prevention
U.S. Food and Drug Administration
U.S. Department of Defense
Veterans Administration Medical
Center/Hospital
Other (Federal Employer)
Foreign
College or University
Private Industry
Private Clinical Laboratory
Physician's Office Laboratory/Group Practice
Hospital
Health Maintenance Organization
Non-profit
Unemployed or Retired
Environmental Laboratory
Veterinary Laboratory
Agricultural Laboratory
Other

Education Level (Highest Completed)

Degree
Associate
Bachelor
Masters
Doctoral (M.D.)
Doctoral (Other than M.D.)
Technical/Hospital School
Some College
High School Graduate
Some High School
Other