National Disability Forum Registration (i.e. Acquisition and Usage of Electronic Medical Records Wednesday, August 22, 2018)

*1. Title	
*2. First Name	
3. MI	
*4. Last Name	
5. Suffix	
*6. Phone Number	
*7. Email Address	
*8. Verify Email Address	
*9. Name of Your Organization	
O F6 O F6 O S1 O L6 O P1 O N O C6 O H O F6	ederal Government - Social Security Administration (SSA) only ederal Government - Others tate Government - Disability Determination Services (DDS) / Disability Adjudication Services DAS) only State Government - Others ocal Government rivate onprofit ollege/University ealthcare aith-based filitary other (please specify)
*11. Job Title	
*12. How will you participate?	
	n-person vestream
*13. Do you require special accommodation?	

o Yes o No If yes, please explain:

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*14. How did you learn about this event?

- o Email from SSA
- o socialsecurity.gov
- 0 National Disability Forum Website
- o Social Security Update Newsletter
- o Facebook
- o Google Plus
- o LinkedIn
- o Twitter
- o Blogs or Community Chats
- 0 Internet Search
- o Colleague
- o Other (please specify)

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