

NATIONAL HANSEN'S DISEASE PROGRAMS

**HANSEN'S DISEASE
DIAGNOSIS AND TREATMENT SEMINAR**

REGISTRATION FORM

November **4 - 5**, 2019

Name _____ Title _____
(i.e. M.D., R.N., PT)

Address _____

City _____ State _____ Zip Code _____

Telephone _____ FAX _____
(Area code) (Area code)

E-mail Address _____

NO REGISTRATION FEE

Seating is limited

SEMINAR SCHEDULE

****First Day:** 8:00 a.m. - 4:30 p.m.

Second Day: 8:00 a.m. - 4:30 p.m.

**National Hansen's Disease Museum Tour - 5:00 p.m. *(optional)*

I plan to attend the tour.

Mail/Fax Registration to:

National Hansen's Disease Programs
Education Department
1770 Physicians Park Drive
Baton Rouge, LA USA 70816
FAX to: (225) 756-3760

For Assistance:

mtemplet@hrsa.gov or 800-642-2477