

# Healthcare Associated Infections Reporting in NHSN

August 24, 2009  
10:00AM - 2:00PM  
Colorado Department of Health  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530

Facility: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Registration  
(Until August 12, 2009)**  
**\$30.00**

**Late Registration  
(After August 12, 2009)**  
Please add **\$20.00**  
to each attendee registration

**Please Make Payment to CASCA.**

If the payment covers multiple attendees, please fill out information below for each attendee. Include names and RN numbers with payment. Print additional form(s) if necessary.

# of Attendees \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_ Check # \_\_\_\_\_

**ATTENDEES: (Include RN License Numbers if applicable)**

1. \_\_\_\_\_

RN#: \_\_\_\_\_

2. \_\_\_\_\_

RN#: \_\_\_\_\_

3. \_\_\_\_\_

RN#: \_\_\_\_\_

4. \_\_\_\_\_

RN#: \_\_\_\_\_

**Please Mail  
Registration Form  
&  
Payment To:**

**CASCA**

3333 S. Bannock St., Suite 220  
Englewood, CO 80110

Questions?

(303) 761—3596

Fax: (303) 761—3635

**Credit Card Info:** VISA      MASTERCARD      AMEX  
Card #: \_\_\_\_\_ Exp: \_\_\_\_\_  
Card Holder Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Co-provided by:



Colorado Department  
of Public Health  
and Environment