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Date Date

Asthma Training Institute Workshop Registration Form



Ask for Ivanna Lopez at **212-361-2161** or Bonita Henry at **212-361-4191**

Please email your registration to: mlopez3@health.nyc.gov or bhenry1@health.nyc.gov

Or fax it to us at: **212-361-2169**

You will receive written confirmation of workshop participation

Workshop Title: _____

Workshop Date _____

Name (*please print*): _____

Organization: _____

Credentials (i.e.: CHW,PHA,RN,RT) _____ Job Title: _____

Mailing Address: _____

City, State, Zip: _____

Work phone: _____ Ext: _____ Mobile: _____

Fax: _____ E-mail: _____

Have you attended a prior ATI workshop? Yes No

Please write down one question about this topic that you would like to have answered in the workshop:

Please describe one skill related to this topic that you would like to practice in the workshop:

**PLEASE NOTE: YOU MUST REGISTER IN ADVANCE FOR THIS WORKSHOP
THANKS!**