



Lakes Region Community Emergency Response Training Registration

- ☐ I am interested in learning more about Community Emergency Response training.
- ☐ I would like to register for the next Community Emergency Response Training.
- ☐ I am unable to attend training at this time, but please contact me about future Community Emergency Response trainings.

Please Print Clearly:

Name:

Street Address:

City:

State:

Zip:

Telephone (day):

Telephone (evening):

Email at which you want to receive Community Emergency Response information:

Are you attending with a group?

- ☐ Yes
- ☐ No

Group/Facility/Organization Name:

Please mail or fax this form (one registrant per form please) to:

Lakes Region Partnership for Public Health
Community Emergency Response Program
67 Water St, Ste 105
Laconia NH 03246
(603) 527-3790 - fax



For more information about the Community Emergency Response program, please call 528-2145.