

## **TB Training Registration Form**

**(Please Print)**

Name: \_\_\_\_\_

Degree(s)/Title used after name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Please fax, email or mail completed registration forms to:  
Megan M. Finnigan, TB Program Manager & Statewide Training Coordinator  
Division of TB Control  
Mobile County Health Department  
Telephone: (251) 544-2107  
Fax: (251) 690-8161  
Email: [mfinnigan@mobilecountyhealth.org](mailto:mfinnigan@mobilecountyhealth.org)  
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Mobile, AL 36603