

BLOODBORNE PATHOGENS COURSE- 2007

PRESENTED BY

**RUTH JONES BSN, RN, BC, CP-FS
QUINCY HEALTH DEPARTMENT**

DATE: _____

TIME: 9AM. -12:00 NOON (*Please arrive on time*)

**LOCATION: QUINCY HEALTH DEPARTMENT
440 EAST SQUANTUM ST.
QUINCY, MA. 02171
617-376-1286**

To register by phone call The Quincy Health Department at 617-376-1274 or 1275. Leave your name; phone number and mailing address then mail check to address below:

Mail in registration: Complete form below and mail with check for \$30.00 to:

Quincy Health Department
C/O Ruth Jones
440 East Squantum St.
Quincy MA. 02171

Fee is non-refundable.

Name: _____ **Phone:** _____

Company Name: _____ **E-Mail:** _____

Address: _____ **Date of Class:** _____

City: _____ **State:** _____ **ZIP:** _____