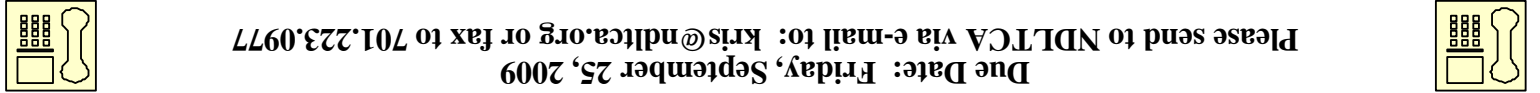


Due Date: Friday, September 25, 2009
Please send to NDLTCA via e-mail to: kris@ndltca.org or fax to 701.223.0977



Infection Control Contact Name and E-mail Address:
 Contact Name: _____ E-mail Address: _____

E-mail 1: _____ E-mail 2: _____

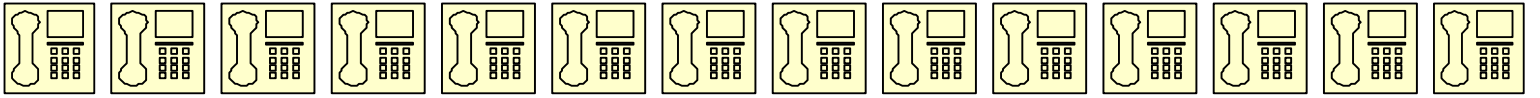
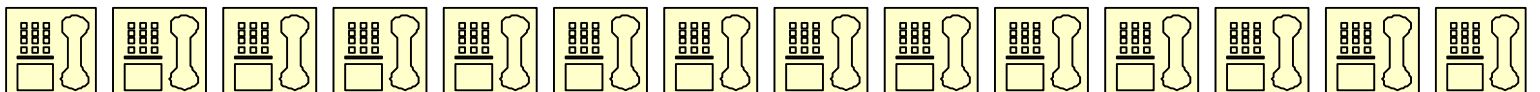
Phone Number 1: _____ Phone Number 2: _____
 Phone Number 3: _____ Phone Number 4: _____

Phone Number 5: _____ Phone Number 6: _____

Alternate Emergency Contact Name: _____ Fax Number: _____
 Facility Name: _____ City: _____



**HEALTH ALERT NETWORK
 INFORMATION NEEDED ASAP**



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Facility Name: _____ City: _____
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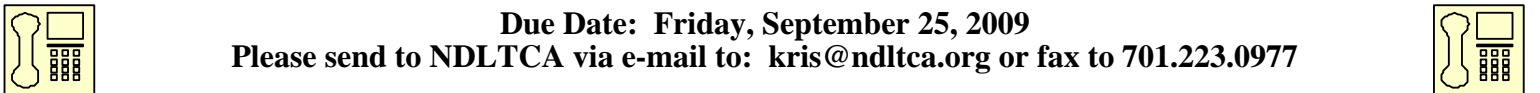
Phone Number 1: _____ Phone Number 4: _____
 Phone Number 2: _____ Phone Number 5: _____

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