



The Florida Department of Health and The Florida Environmental Health Association
Present

**"A Symposium: Improving the Prevention and Treatment of Rabies and Tetanus
Through Utilization of CDC Guidelines and
Statewide Resources"**

Date: Thursday, August 20, 2009

Location: Hilton Daytona, Ocean Walk Village

Time: 9:00am - 12:30pm

(Registration and Continental Breakfast from 8:15am - 9:00am)

Registration Deadline: August 12, 2009

There is no registration fee to attend this meeting.

Speakers

Charles Rupprecht, VMD, PhD – Chief, Rabies Program, Centers for Disease Control, Atlanta, GA

Kumar Alagappan, MD – Senior Associate Chairman, Emergency Medicine Long Island Jewish Medical Center, Professor of Emergency Medicine, Albert Einstein College of Medicine, NY

Danielle Stanek, DVM, Medical Epidemiologist, Florida Department of Health, Tallahassee, FL

Carina Blackmore, DVM, PhD, State Public Health Veterinarian, Florida Department of Health, Tallahassee, FL

Panel Members

Experts from the American Academy of Pediatrics, Emergency Medicine, Infectious Diseases, USDA Wildlife Services, National Council of La Raza, and a Local/County Health Director

Who should attend this symposium?

Emergency Department Professionals

Healthcare Professionals engaged in Post-exposure Prophylaxis of Rabies and Tetanus County and

State Health Department Officials

Public Hospital Officials

Patient Advocacy Organizations

Meeting Location

Hilton Daytona Ocean Walk Village

100 North Atlantic Avenue

Daytona Beach, FL 32118

866-254-8200

Meeting Sponsor

Talecris Biotherapeutics



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Registration

You may register the following ways:

1. Online - Please visit www.regonline.com/Aug20Registration
2. Via Fax - Please return the completed Registration form to Robin Jennings at **919-545-0361**
3. Via Email - Please return the completed registration form on to **robin@rbendeavors.com**

Registration Form

First Name	Last Name	Professional Designation
Business Phone	Business Fax (if available)	
Email Address(Required for Confirmation Purposes)		
Institution/Hospital/Practice/Health Department		
Street Address – (no PO Boxes)		
City	State	Zip
Are you attending the FEHA Annual Meeting?	Yes	No

HY07-0309