

**Centers for Disease Control and Prevention (CDC)  
Agency for Toxic Substance and Disease Registry (ATSDR)**

**USPHS COMMISSIONED CORPS  
2007 PRE-RETIREMENT SEMINAR REGISTRATION FORM**

**Registration for this seminar must be received by: March 9, 2007**

Dates: March 29 – 30, 2007

Time: 8:00 AM – 5:00 PM each day

Location: 1600 Clifton Road  
Roybal Campus  
Building 19, Room 206 – Auditorium A  
Atlanta, GA 30333

**Please Print:**

Name: \_\_\_\_\_ PHS Serial #: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Professional Category: \_\_\_\_\_ Grade: \_\_\_\_\_

Operating Division/Staff Division/non-HHS Organization:

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City and State: \_\_\_\_\_

Retirement Credit Date: \_\_\_\_\_ Years of Active Duty: \_\_\_\_\_

Your email address: \_\_\_\_\_

Will your spouse attend? \_\_\_\_\_ Name: \_\_\_\_\_

(You will be contacted for building access procedures)

**FAX completed form to Mr. Aaron Arnold at (770) 488-1970**