

Application Deadline: August 31, 2009

**2009 NEW YORK CITY  
ABUSIVE HEAD TRAUMA/SHAKEN BABY SYNDROME  
CONFERENCE REGISTRATION FORM**

Monday, September 21, 2009  
9:00 a.m. – 6:00 p.m.  
New York City Office of Chief Medical Examiner Auditorium  
421 East 26<sup>th</sup> Street

<b>Name</b>	<b>Title</b>	
<b>Office</b>	<b>Address</b>	
<b>E-mail</b>	<b>Telephone</b>	<b>Fax</b>

What is your profession? \_\_\_\_\_

How many years have you worked in your profession? \_\_\_\_\_

How are you professionally connected to Abusive Head Trauma/Shaken Baby Syndrome?

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Conference Fee (includes lunch): doctors, \$50 (includes CME fee); all other participants, \$25.  
Please make checks payable to: Office of the District Attorney, Queens County.

Please remit registration form and payment to:  
Carla Martinez, Office of the District Attorney, Queens County  
125-01 Queens Boulevard, Kew Gardens, NY 11415.  
Please do not fax or email registration forms.

For more information, call  
Marjory Fisher (718) 286-6510 or  
Leigh Bishop (718) 286-6677.

Sponsored by the Office of the District Attorney, Queens County,  
the New York City Office of Chief Medical Examiner, and  
NYU Post-Graduate Medical School.  
CLE/CME credits will be provided!

