



**NJLINCS HEALTH ALERT NETWORK
REGISTRATION FORM**

Please complete a registration form for each individual or organization you wish to enroll and return the form(s) to the county/city NJLINCS agency in which you or your organization is located.

1) NJLINCS AGENCY INFORMATION

County: Bergen County/City NJLINCS Agency: Bergen

2) CONTACT INFORMATION

Name _____ Title: _____

Profession/Specialty: _____

Type of Organization: _____

Company Name _____

Address: _____

City/Town _____ State: _____ Zip Code: _____

Office Telephone Number: () _____ Office Fax Number: () _____

Cell Phone Number: _____ Other Emergency Number: _____

3) E-MAIL INFORMATION

Please provide your e-mail address to receive NJLINCS communications:

Internet e-mail address: _____ @ _____

Alternate email address: _____ @ _____

- Do you check your e-mail at least once a day? Yes [] No []
- With about how many professionals within your organization will you share this information?

- Will you share this information with other organizations? Yes [] No []
If so, list the organization(s) and number of professionals within each.

**Please return to Thomas Rose
1 Bergen County Plaza, Hackensack, NJ 07601
BCPhens1@co.bergen.nj.us
Fax: 201-336-6088**

Thank you for your interest in NJLINCS!