

NNLM COURSE REGISTRATION FORM

PLEASE PRINT LEGIBLY

Name: _____

Title: _____

Institution/Library: _____

Institutions Address: _____

City: _____ **State** _____ **Zip code** _____

Work Contact Number: Work _____

Email Address: _____

Please select the course(s) you would like to attend.

Wednesday, July 15, 2015 8:30 am – 12:30 pm

Answering the Right Questions: Data Collection for Health Information Outreach

Wednesday, July 15, 2015 1:30 pm – 5:30 pm

Finding Information in Numbers and Words: Data Analysis for Health Information Outreach

Friday, July 17, 2015 9:00 am – 4:00 pm

Measuring Your Impact: Using Evaluation for Library Advocacy