



New Jersey Local Information Network  
and Communications System

**NJ-LINCS**

surveillance • reporting • communications • response

## NJ-LINCS REGISTRATION FORM

Please complete a separate registration form for each individual, organization, or organization location you wish to enroll. Return the form(s) to the NJ-LINCS agency for the county or city in which you or your organization is located. (NJ-LINCS agencies are listed on the back of this form.)

### 1) NJ-LINCS AGENCY INFORMATION

Your County: Warren County/City NJ-LINCS Agency: Warren County Health Department

### 2) BACKGROUND INFORMATION

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Profession/Specialty: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office telephone number: ( ) \_\_\_\_\_ Office fax number: ( ) \_\_\_\_\_

### 3) NJ-LINCS E-MAIL INFORMATION

Please provide your e-mail address to receive NJ-LINCS communications:

Internet e-mail 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 professionals? Yes [ ] No [ ]  
If so, list the organization(s) and number of professionals within each.  
\_\_\_\_\_

*For more information about NJ-LINCS or the registration process, please  
contact your County/City NJ-LINCS Coordinator.  
Thank you for your interest in NJ-LINCS!*

Visit us at [www.njlincs.net](http://www.njlincs.net)

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