



**New Jersey Local Information Network  
and Communications System**

**NJLINCS**

**surveillance • reporting • communications • response**

**NJLINCS HEALTH ALERT NETWORK  
REGISTRATION FORM**

Please complete a registration form for each individual, organization, or organization location you wish to enroll. Please return the form(s) to Sally E. Weirback, LINCSC Coordinator, Warren County Health Department, 700 Oxford Road., Oxford, NJ 07863. Telephone: 908-475-7960, ext 7007. Fax: 908-475-7965.

**1) NJLINCS AGENCY INFORMATION**

Your County: \_\_\_\_\_ NJLINCS Agency: WARREN COUNTY

**2) CONTACT INFORMATION**

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

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

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

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

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

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

**3) E-MAIL INFORMATION**

Please provide your e-mail address to receive NJLINCS 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 organizations? Yes [ ] No [ ]  
If so, list the organization(s) and number of professionals within each.  
\_\_\_\_\_
- How did you hear about NJLINCS Health Alert Network?  
\_\_\_\_\_

*For more information about NJLINCS or the registration process, please contact Sally E. Weirback at [sw5@njlincs.net](mailto:sw5@njlincs.net)  
Thank you for your interest in NJ-LINCS.*