

iNICQ
Improving Care for Neonatal Encephalopathy

Registration Form

Name: _____

Center Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

****SPACE IS LIMITED****

Register our center now for the series

The fee for the series is \$3250 per team

For hospitals in the Neonatal Encephalopathy Registry the fee is \$1625

Please return this form to by January 9th to:

Pam Ford

Vermont Oxford Network

33 Kilburn Street

Burlington, VT 05401

Phone: 802 865 4814 x204

Fax: 802 865 9613

Email: pam@vtoxford.org