



Richard A. Brown  
District Attorney, Queens County

# Registration Form

## Application Deadline: September 3, 2015

September 17-18, 2015

New York City Office of Chief Medical Examiner Auditorium

New Forensic Biology Laboratory

421 East 26<sup>th</sup> Street

<b>Name</b>	<b>Title</b>	
<b>Office</b>	<b>Address</b>	
<b>E-mail</b>	<b>Telephone</b>	<b>Fax</b>

What is your profession? \_\_\_\_\_

How many years have you worked in your profession? \_\_\_\_\_

How are you professionally connected to Abusive Head Trauma/Shaken Baby Syndrome? \_\_\_\_\_

\_\_\_\_\_

To register, please:

1. Complete and email this form to [NYCAHTConference@queensda.org](mailto:NYCAHTConference@queensda.org) and
2. Mail this form and a \$25 check payable to the Queens County District Attorney's Office:

**Queens County District Attorney's Office**  
**Attn: Child Fatality Unit**  
**80-02 Kew Gardens Rd**  
**Kew Gardens, New York 11415**

Sponsored by the Queens District Attorney's Office and the New York City Office of Chief Medical Examiner. For more information, call (718) 286-6544.