



**Kansas Board of Cosmetology**  
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Telephone: (785) 296-3155 Fax: (785) 296-3002  
Email: [Kboc@ks.gov](mailto:Kboc@ks.gov) Website: [www.kansas.gov/kboc](http://www.kansas.gov/kboc)

## INFECTION CONTROL SEMINAR REGISTRATION FORM

Please complete the following information for scheduling an infection control seminar. **(Please type or print legibly.)**

Name of establishment: \_\_\_\_\_

Address of establishment: \_\_\_\_\_

\_\_\_\_\_

Should you wish to have the seminar conducted at the establishment please have a room or location within the establishment free of distraction and interruption.

If the seminar will be conducted at a location other than the establishment, please list the name of the establishment and the full address of that location:

Name of establishment: \_\_\_\_\_

Address of establishment: \_\_\_\_\_

\_\_\_\_\_

Please list two dates of preference for the seminar: \_\_\_\_\_  
(Month) (Day)

\_\_\_\_\_  
(Month) (Day)

Please list preference of time: \_\_\_\_\_

Number of expected attendees: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Office of contact person: \_\_\_\_\_

**Do you have technology in the room/location where the seminar will be conducted to view?**

**DVD Presentation: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Power Point Presentation: Yes \_\_\_\_\_ No \_\_\_\_\_**

Submit the completed form to the above address. Should you need additional information regarding the infection control seminar or have scheduling questions, please do not hesitate to contact this office.

If you have questions about this form please e-mail [Angela.Stockdale@ks.gov](mailto:Angela.Stockdale@ks.gov)