

## Quality and Patient Safety Division Conference



### REGISTRATION INFORMATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

EMAIL \_\_\_\_\_

Please Indicate Your Position

\_\_\_ PCA Coordinator

\_\_\_ Quality and Patient Safety Manager

\_\_\_ Risk Manager

\_\_\_ CMO/VPMA

\_\_\_ CNO

\_\_\_ CEO

\_\_\_ Other: \_\_\_\_\_

Please email completed form back to [Jennifer.Sadowski@state.ma.us](mailto:Jennifer.Sadowski@state.ma.us). If you have any questions, please feel free to contact Jennifer at 781-876-8296.