



KANSAS BOARD OF COSMETOLOGY
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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: _____

Cell # 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.

Save your completed form and email it to lindsey.bowes@ks.gov