



DEA Speaker and Special Guest will present an overview of the federal regulations regarding Controlled Substances (CS) and the responsibilities of DEA Registrants under the Controlled Substances Act (CSA) to ensure the proper handling of CS, and the identification and prevention of diversion activity stemming from various sources. The attendees will include DEA Registrants, healthcare professionals, administrative and support personnel, local/state government officials, and students pursuing healthcare-related careers.

IN PERSON REGISTRATION FORM

Registration is required. There is no registration fee and **capacity is limited to the first 200 attendees.**
 The program is informational and not for credit.

To confirm your in-person attendance, please complete the form and email it to WashingtonDiversionOutreach@dea.gov. All required fields must be filled. A confirmation email will be sent once your registration is successful.

Name*

Job Title

Address*

E-mail*

Telephone

City* State* ZC*

Business Category*:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Nurse/ Nurse Practitioner | <input type="checkbox"/> Pharmacy/ Pharmacist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Hospital/ Clinic | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Veterinarian Technician | <input type="checkbox"/> Veterinary Clinic |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Researcher | <input type="checkbox"/> Importer/ Exporter | <input type="checkbox"/> Maintenance/ Detoxification |
| <input type="checkbox"/> Government | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Teaching Organization | <input type="checkbox"/> Education/ Prevention Prof. |
| <input type="checkbox"/> Drug Prevention Organization | Other: <input type="text"/> | | |

Do you have DEA Registration #? (for Controlled Substances)*: Yes No

If yes- DEA Registration #:



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